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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

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FINLEY ELLINGWOOD, M.D.

President-elect of the National Eclectic Medical Association.

THE NATIONAL
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FINLEY ELLINGWOOD, M.D.

Resolute determination and unyielding integrity of character and purpose. with judicious positiveness and persistence, give to a mind well endowed by nature the characteristics essential to success. These have been dominant in a high degree in the life work of the president-elect of this association, Professor Finley Ellingwood, M.D., Evanston, Illinois.

Dr. Ellingwood was born on the 12th of September, 1852, in Manchester, Indiana. His parents were of Puritan stock, and their ancestors can be traced in unbroken lines back to the early days of New England history. He went with his parents to Illinois in 1857, and spent his boyhood days in Kankakee City, Illinois, where he received an academic education. He began the study of medicine July 10, 1871. The sudden death of his father, a few months later, threw the entire support of the family—the mother an invalid—upon him. Obliged to abandon for a while the study of the profession he had chosen, he worked first at the carpenter trade, subsequently taught school, and in 1873, at the age of twenty-one, was appointed deputy clerk of the County Court of Iroquois County, Illinois. This position he filled for two years, so satisfactorily, that he was tendered the higher position of treasurer of the county.

He had devoted a part of the time not demanded by his official duties to the study of Latin, the sciences and anatomy. In 1875, his mother having died, he was able to complete his medical studies, and, fearing that the responsibilities of public life might entirely divert him from his chosen profession, he declined the office tendered him and entered Bennett Medical College, graduating in the spring of 1878. He practiced first for about two years in a large mining town in Illinois. He then went back to his home county, Kankakee. September 1, 1880, he was married to Miss Jennie S. Elliott of Chicago, also of New England ancestry. From this union there were born seven children, two daughters and five sons: Elma Jane (Mrs. M. G. Larson, Arlington Heights, Ill.); Laura Abigail (Mrs. A. A. Cother, Austin, Tex.); Elliott Lee Ellingwood, mechanical engineer, Los Angeles, Cal.; Finley F. Ellingwood, chemist and mineralogist, in Government service; Richard Everett Ellingwood, Co. C, 14th Regiment, Regular Army Corps, U. S. A., and Lloyd Ellingwood, Ensign, U. S. N. The second son died in early infancy.

In 1884, Dr. Ellingwood was called to the chair of chemistry in Bennett

College. He then returned to Chicago to accept this position. Since that time his studies and teachings have been very wide. During the succeeding twenty-two years he lectured in Bennett and other medical colleges, besides chemistry, on toxicology, comparative physiology, obstetrics, diseases of the urinary organs, and practice of medicine, also on materia medica and therapeutics.

In 1885, with Prof. H. S. Tucker, he assumed the editorial management of the Chicago *Medical Times,* taking entire control in 1887. Since then his reputation as editor and author has been world wide. In 1889 he published his "Synopsis of Medical Chemistry."

In 1890 he originated the plan of the Annual of Eclectic Medicine and Surgery. While he personally superintended its publication, it was pre-eminently successful, but his health failed, and after three years he was compelled practically to suspend his personal efforts in its management, and he was also obliged to suspend a large and lucrative general practice.

The crowning work of Professor Ellingwood's life is his "New American Materia Medica, Therapeutics and Pharmacognosy," issued first in 1889, revised in 1905, and rewritten and brought up to date in 1915. This scientific work brings the American Materia Medica up to date. It has at once placed him among the foremost writers on the subject of internal medicine, and on the materia medica and therapeutics of plant drugs. Prominent old school authorities have compared him most favorably with Lauder Brunton, Ringer and Wood, and class him with Bartholow, Shoemaker, Hare and other more recent writers.

Dr. Ellingwood, in addition to the above work as editor and author, brought out in 1889 a brief work, "A Manual of Urinalysis." In 1906 he wrote and published "Ellingwood's Practice of Medicine," and in 1909 his "Normal Pregnancy and Labor."

In 1906, Dr. Ellingwood withdrew from active college work and, resigning the editorship of the Chicago *Medical Times,* he planned and started in January, 1907, a personal therapeutic journal, "Elingwood's Therapeutist," which is now thoroughly established.

Dr. Ellingwood is a member of a number of societies, including his State society and the National. He is a member of the American Medical Editors' Association and other associations. He has always been a Republican in politics, but at present, with three sons in the Government service, he is a staunch advocate of President Wilson (for whom he voted at the past election) and his policies.

Dr. Ellingwood was four times elected to the office of president of the Illinois State Eclectic Medical Society. He has served as president of the Chicago City Society, was for several years corresponding secretary of the National Eclectic Medical Association, and for five years he served as recording secretary of this association. He was secretary of the National Committee of Revision of the Materia Medica. In 1893 he served as vice-president of the World's Eclectic Medical Congress of the Congress Auxiliary of the World's Fair. In 1886 he was selected by the physicians of

the State of Illinois as a member of the committee of three to frame the first revised medical bill of that State.

The Ellingwood home is a typical, happy, Christian home, the doctor, as always, refusing in any manner to allow his business to interfere with his taking a deep personal interest in everything that interests the family. He has always been engaged in sabbath school, church, and philanthropic work, and was for many years sabbath school superintendent or musical director. He was for some years treasurer of the American Home-finding Association, originated to find homes for homeless and neglected children of Chicago and Illinois.

MINUTES OF THE FORTY-EIGHTH ANNUAL SESSION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

HOTEL TULLER, DETROIT, MICH., JUNE 18-21, 1918.

The forty-eighth annual convention of the National Eclectic Medical Association was called to order at 10:20 A.M., June 18, 1918, at the Hotel Tuller, Detroit, Mich., by the president, Doctor William P. Best, of Indianolis, Ind. The invocation was pronounced by Rev. Chester Emerson, pastor of North Woodward Avenue Congregational Church, Detroit.

REV. CHESTER EMERSON (pastor North Woodward Congregational Church, Detroit, Mich.): Oh, God, we thank you for the world in which we live. There is nothing in the world for which we are more grateful than the fact that it is not finished. Oh, God, open our eyes to thy wisdom that we may out of this small day grow into a larger light. So lead us from day to day that we may discover the truth thou hast hidden in thy word. Guide us from day to day that we may unearth those great gifts thou hast put, not too obvioiusly before our eyes, lest rashly we might spring and take them. In thy great wisdom thou hast hidden them away that we might search and search to find the things, and, finding, remember the pain and pangs of the search, and so know how to use thy gifts as men who have suffered and are now willing to serve. God, we pray thee to bless the agencies that seek to learn the truth that shall set them free from the limitations of their flesh and from the fears of their mind and from the anguish of their hearts. Lead them aright, O God, that each new generation may find that it is one step nearer that goal we should all strive to attain. Bless these men who gather here from day to day this week, because they seek themselves to find the truth that shall set us free from our prejudice and the means that shall make us masters of our surroundings. Give them the light, and, having once found that light, help them to see that it go not out, but shine into the hidden ways of life that all men everywhere may take heart and hope because they have seen this light. This we ask humbly, in the name of Jesus, the great Truth-giver to men. Amen.

Mr. David Brown, representing the city of Detroit and the Michigan

Eclectic Medical Society, delivered an address of welcome, which was replied to on behalf of the Association by Prof. John Uri Lloyd of Cincinnati.

David Brown: *Ladies and Gentlemen:* Let me make clear to you right now that I do not represent the City of Detroit in any official capacity outside of being one of its citizens, and the nearest I come to your organization is that one of your men is my family doctor—and a very good one. I expect the reason I am here is because he is too modest to say what he would like to say. If he is as good a speaker as he is a doctor, he ought to be on the platform and me down in the audience.

As this is your first gathering here, it might be well to say to you gentlemen a thing or two about Detroit that very few people seem to know. I have traveled this country rather extensively myself and have had the pleasure of traveling in other countries almost around the world, and I find that Detroit is a city badly misunderstood. We are a great industrial center, a great manufacturing city; we are the most prosperous of cities, we are a great money-making city. The average man's first thought of Detroit, unless he has been in our midst, is that we are a great big money-making machine. That there is a heart in Detroit, very few people give a serious thought. But Detroit is a city with a heart and that is what I want to talk to you about. I want to admit that we are all that people say about us, a dynamic city—a city I feel sure that has the greatest industrial growth of any city in the United States or in the world. That does not necessarily have to come from the people of Detroit, but from the people who are closely in touch with the industrial events all over the world. We have great manufacturing plants—wonderful machines and wonderful inventions. But, above everything else that the City of Detroit is proud of, is that we not only make machines and lots of money, but that we make men in this town. That is the prime object of the large industrial captains of the City of Detroit—that is the thing they are prouder of than anything else—that they make men in this city. When you stop to think for a moment, what is it that can be more to the average captain of industry than the fact that he is doing something in his particular community that benefits the men who are working for him and working with him?

It has been my pleasure for the last five or six weeks to work for our War Chest. You will understand that name better than the name we adopted—we called it the Patriotic Fund. This fund is to cover all the money that will be needed in Detroit in a year for the Red Cross, Y. M. C. A., the Y. W. C. A., the Child Welfare—indeed, all our local charities, some fifty in number. Detroit had raised at one time a little less than two and a half million dollars—the greatest amount of money ever raised in Detroit at one time. When we got through with our budget, we had figured up seven million dollars—we had to raise that much to care for our war contributions and our local charities. The group of men who were dealing with this problem tried to study conditions in the city, tried to feel out the big men here and there, and find out what their reaction would be towards

our asking such an enormous sum, about three times what we had previously asked for. The response we got from the men who stand as Detroit's great industrial captains was of such nature as to encourage the group of men who were trying to put across this work. What was their answer? In seven days we raised $10,500,000; men parted with their money willingly, men and women by the hundreds gave freely of themselves and of their wealth. What has happened? This community is without question the happiest group of people, particularly the men and women who did the work. I look down the list of names of people who have given to this work and what do I find—I find the greatest captains of industry in our city, wealthy men who employ from five hundred to twenty-five thousand men, and they have gone into this campaign and given themselves free and willingly—both themselves and their money to help this country and the people across the water. The industrial captain today, when he talks about the big things he is doing at his institution is not talking about the money he makes but about the money he is giving.

One other thing is the growth of Detroit, not only in population, but the growth of the city itself. I would like to have you see our city, not only the downtown section and the water front, but the complete city. Notice the trees and the streets, notice the breadth of the streets, and, above all, the lack of congestion, and let me say that any man or group of men who attempts to form congestion in the City of Detroit would get into trouble right away with the business interests of this city. Congestion will never take place, because the men who own Detroit will not permit it. I mention that because it spells sound and sane growth for the children who are here and those who are to come; it spells a solid city, a prosperous city, a happy city. I do not want you to say that it is a great industrial center, a great automobile center; I do not want that to be the outstanding thing in Detroit, but think of it as a city where a man has a fair chance, where a child has a fair chance, where wages are paid according to living conditions, and where a man can live a full and complete life. This is what I want you to take back with you to your home. (Applause.)

The President: We are certainly very much pleased to have this welcome to Detroit. Mr. Brown failed to mention one thing, however, and that is the renowned and great Henry Ford, who now bears the reputation of being the greatest car builder of the world and the greatest evangelist. I am told that Henry Ford has the reputation of having taken hell out of more people than any other men in the world. Professor Lloyd will reply on behalf of our Association.

Prof. John Uri Lloyd, Cincinnati, Ohio: Mr. Brown, I wish to thank you for your gracious welcome and also for the text you have given me. You appeal to all of us when you say you are here because of your confidence in one of our physicians. I can say to you that for these many years I have been in the same position; my family physician is now and has ever been one of our people. I have the same confidence in the physician who

comes to my home under the methods that we practice that you have. I regret that the physician who cares for my family, Dr. Thomas, is not here. He would better fill the place awarded me. I would much like to see him stand on the floor and talk to yourself and us.

You have said much for Detroit, but you have not said enough. I believe you will permit me to add to what you have contributed. Possibly I can bring something to you that even you, who have been reared in Detroit, may overlook. The gifts that Detroit is making to the United States and to the world did not begin and will not end with that which you have so beautifully called to our attention. The sacrifices made in years gone by when the little colony of French explored the St. Lawrence and the Great Lakes and passed up through the forests to what was then the unknown West stand to Detroit's credit. In a kindly way these men aimed to help the Indians, giving them what they thought the Indians needed, consoling them in religious precepts as well as in offerings of material help. That humanitarian process may be said to have begun Detroit's record—never has she gotten from under that influence. These explorers made great sacrifices, and the world is reaping the harvest. They passed on up the lake, over the divide, down the Mississippi, trading with the natives wherever they went. Down through Vincennes, even to the Ohio River, leaving their tablets at the mouths of the various river tributaries, showing that France owned them by right of discovery. Indeed, we may perhaps say that Kentucky, even, was thus discovered from the West, and opened up by these explorers, who passed through the wilderness now Detroit. I am not speaking authoritatively, but as I recall history, not re-read within the past forty years. It came to me over half a century ago, and I am repeating memory's fascinations in asking you to give credit to those who in times long gone by made extraordinary sacrifices to establish a fort, that grew into a town, at last to blossom into the magnificent city of Detroit.

Mr. Brown, this is not the first visit our society has made to Detroit. Twice have we been here before. Perhaps I am the only member who was here on the first occasion. It was a great opportunity—we enjoyed that visit, most hospitably were we received, but the great Detroit of today was not here then. The building process, however, was started, and may I say to you in all frankness, that while you did call attention to its industrial institutions as a whole, you wisely refrained from singling out any one? To have begun would have led you to exhaustion before the last name was reached. But you will permit me to single out one or two industries that possibly have helped Detroit more than you really know—industries that we all honor for the work they have done in helpful therapeutic directions. May I not refer by name to the great houses of Parke, Davis & Company and Frederick Stearns, and of Nelson Baker & Company? These three establishments made the name of Detroit known over the whole world before an automobile was framed, and have reputations today where perhaps the automobile never yet has turned a wheel.

You speak of what Detroit is today and you do not exaggerate—you

can not exaggerate or overpraise. It is more than true that you are a manufacturing city, that you are giving to the whole United States and to the world, that those men who have gone into business and contributed the wealth that has come here from different parts of the country, have done a wonderful work in making the lives of their workmen more comfortable and more healthful. You are doing nobly, and yet there is a something staring us in the face today, greater than wealth, greater than machinery or commercial products of any description, greater than anything America has had to contend with since the war of the Revolution. That is the wickedness of mankind's enemy, humanity's foe.

Patriotism is not an empty dream—Detroit and the country, as a whole, must unite in order to save the world from the wrecker's touch and torch. (Applause.) You have very wisely refrained from hinting at this because you did not wish to praise what Detroit has accomplished in this cause. But I have the privilege of saying that Detroit has set an example for many other cities (although all are responding nobly) in the line of patriotism. As I ride your city through, it seems that there is scarcely a home in Detroit that has not a star in the window, bespeaking a loved one's sacrifice. Notwithstanding the great wealth you are giving to our country, you are contributing what is more precious, *the lives of your own people.*

Compared to you and your contributions, we doctors of the United States may be likened to the widow's cruse of oil. We have but little—we are giving our all. Most of us come from country homes. In a little village from which some physician came, a mother graciously lets her boy go into the war, and she turns to her knitting. Not a manufacturer, not a business man, in this great city, gives more than does that mother. The sister sees an only brother in the little home on the desert, or on the mountain-side, turn his back to the old home and start for faraway France, possibly never to return. Scarcely had that land been to them before a thought. But now humanity calls, the greatest cause this world has ever known. No fund voiced in dollars compares with the offering of that sister. A young lady, betrothed, pledges herself for life to a young man in civilian clothes, and next day or week or month he enlists in the service, to leave her, perhaps never to return. She presses his portrait to her heart and is not excelled anywhere in the sacrifice made. Together we all agree that money can not be compared with sacrifices such as these, but yet no trumpet cries aloud the name of her who sits patiently alone by the humble fireside.

This is not an idle dream. Such as this is happening in every section of this country—from mountain-top, desert and plain come the same story. Patriotism such as this dominates every American heart, fringes every edge of this continent, from the Pacific to the Atlantic, and from Canada to the gulf. America is devoting herself to the cause of humanity, and we who come from afar claim the right to be proud of the great work Detroit is doing, and Detroit is likewise proud of the work Americans such as we are doing. (Applause.) We are each a part of the other; we are each con-

tributing to the other; we are one and all standing by the other. And this may be applied to every section of the land.

Look about you—may I not specialize as examples? Take our secretary, Dr. Mundy; two sons has he, one in France and the other in service here; Dr. Ellingwood, before us, has all his sons in the service. But we must not bespeak our own praises, and yet may I not add that not alone in such sacrifices as these are physicians contributing? They give, too, of their wealth and of their professional opportunities.

Americans are we all, and as such prize your welcome, and to such a toast of greeting comes this response.

Listen! Recently I passed through a cemetery. Mighty monuments were there—some of granite, others with bronze tablets bespeaking the praises of him beneath. My friend and I stopped to read the story, first of one, then another, and passed along to read the next, and then the next. Finally we came to a little grave, a new-made grave—the blue grass had not yet covered the yellow clay. No monument was there—it was in that part of the cemetery where poor people place their loved ones, in a row. Over the head of this little mound a shingle was stuck—on it was written with heavy lead pencil, two words only: "Our Darling." Nothing else.

As I stooped and brushed a leaf away and read the inscription, tears came to my eyes. "Our Darling"—what could more appeal than that simple inscription, written, perhaps, by a loving mother.

Listen! From numberless homes in America, many "darlings" must soon rest in France. In that grave in far-away France will rest America's greatest offering—"Our Darling."

"Over There" in the French cemetery, each mother's priceless boy will be simply one soldier of thousands who have fallen in battle. To our country, he is a patriot who gave his life for his country's cause. To humanity he is one of millions, who sacrificed his all on a foreign shore that liberty might live. But to his mother or sister that wooden shingle heading his grave speaks the most precious epitaph that can be devised—"Our Darling."

May I not, in closing, impress upon one and all that the greatest contribution our society is now making, that Detroit is making, that America is making, is the pencil mark on a million shingles—"Our Darling?" (Applause).

The President: I will now have the pleasure of introducing to you Mr. Duffield, who represents the mayor of the great city of Detroit.

Mr. Duffield (representing the mayor of Detroit): *Mr. President and Gentlemen:* In times past when a mayor welcomed a convention it was considered the thing to say that the keys of the city were turned over to the convention. That would be a useless thing to do, because you would find the cupboard bare since Michigan has gone dry, but it is the mayor's earnest hope that, although you find the city not quite so lively and much more serious-minded, that you will, nevertheless, find no diminution in its cour-

tesy and hospitality. He wanted me to say to this convention of yours, as well as to another one to which I am to speak, that he thinks you are eternally right in holding your convention, even during war times. Today, business men are realizing that while we are in the midst of war we must prepare for peace. Professional men must realize also that they will have problems to face after the war. If we are going to carry the burdens of the war and the debt of the war and make good on all those things, those improvements which must be deferred until after the war, we must have prosperity, and it is the eternal and patriotic duty of the business men to see that we have this prosperity after the war. To you professional men, especially to your calling, the country will look for advice in the great problems that you will have to face after the war. It is not an ordinary problem of a business nature, but we want to prepare to do our duty to those men at the front who come back maimed and wounded, unfit for the ordinary occupations of life, and now is the time for us to make plans so that the Federal government, the state government and the city government may be able to do the right thing to make those boys who come back maimed and crippled able to earn their own livelihood—not mere dependents upon charity, but give them the independence that self-support always gives a man. There is the problem for your profession and for us all to study, and, if we can solve it now so that we can put it into effect as soon as the boys begin to return, we will have done a great service to our country.

Our idea of duty and service must not stop with the war. We must learn the message and the teaching of this war, that we all owe a duty to each other, that we are all enlisted in the universal service, and that service as your profession has so often demonstrated is to be given to our brothers, not our blood brothers but our human brothers. There is the path for you and the path for this whole nation, and if we each one do our whole duty now I think we may look forward to a safe and sound and effective solution. I thank you very much. (Applause.)

The President: I will now ask Doctor Ellingwood to say a few words in reply to the address of welcome in behalf of the mayor.

Dr. Finley Ellingwood (Chicago, Ill.): It does my heart good to be with you today. I have missed the sessions that I have not been with you. I have listened with great pleasure to the words of the speakers, and especially those that appeal to our patriotism. They come into our own hearts and lives and grip us. As I look over this body, I see there are few young men and I ask, where are they? We know where they are; I know where my own is. It leaves our work greater than ever before. I am glad for the words just said to you about doing your part for the relief that must come to these strong, magnificent men that have gone "Over There," some to be slain, some to be injured and maimed for life, to bring about—the common word "democracy" does not express it strong enough, it is something more than that. It is the spirit of justification come to earth. That is what we are working for. We are glad that we can give something for that purpose.

Some of us have made the great contribution. It has come into our own homes. As Professor Lloyd has said, there is in some windows one star, two, three or four, and you are feeling it. But out of this carnage, with the help of God, there will arise something for our boys, something for their children that we will be proud that we have made this sacrifice. (Applause.)

THE PRESIDENT: It gives me great pleasure at this time to introduce to you some members of our sister profession who are in session here and who have very kindly sent their kind wishes and congratulations through their committee, Doctor Sawyer, Doctor Cobb and Doctor Laseur. Doctor Laseur will now have the floor.

DR. LASEUR: *Mr. President and Members of the National Eclectic Medical Association:* It gives us great pleasure to speak to this body representing the Homeopathic body in its sixty-fourth annual session. We come to extend to you our hearty congratulations and cordial regards. The hour has come when men and women have come more closely together in their work than ever before, and if ever there was a time when it was necessary for us to stand shoulder to shoulder and forget all the minor discussions and do everything possible for the promotion of a common cause, this is the time. We are here representing our national body, coming to your national body to present to you our cordial and hearty congratulations, our kindest regards and best wishes. We hope that you will consider yourselves earnestly and cordially invited to visit our convention at any time, to come over and shake hands and get acquainted with us as far as it may be possible. (Applause.)

THE PRESIDENT: Doctor Laseur, on behalf of the National Eclectic Medical Association, I wish to thank you and your society for the kindness and good will expressed in your address. We are very glad, indeed, to have you come to see us.

It affords me great pleasure at this time to announce the following committee whose duty it shall be to return the kind greetings just now extended to us on behalf of the National Institute of Homeopathy by Doctor Laseur and his committee. I will appoint on this committee, Dr. E. G. Sharp, Dr. T. D. Adlerman and Dr. Finley Ellingwood. These gentlemen shall use their own time and pleasure to visit this society and extend to them our good wishes, congratulations and cordial feeling.

The corresponding secretary, Dr. W. N. Mundy, of Forest, Ohio, then called the roll of officers, also the roll of States for the formation of the House of Delegates, as follows:

Connecticut—Simon L. Katzoff.
Florida—G. A. Munch.
Georgia—Dan H. Griffiths.
Illinois—W. E. Kennett.
Indiana—J. E. Holman.
Kentucky—J. C. Mitchell.

Michigan—C. S. Sackett.
Missouri—H. H. Helbing.
Nebraska—J. J. Rizk.
New York—T. D. Adlerman.
Ohio—T. D. Hollingsworth.
Oklahoma—E. G. Sharp.
Pennsylvania—W. S. Glenn.
Wisconsin—T. H. Larsen.
Eclectic Medical College—J. K. Scudder.

It was moved that the minutes of the previous meeting as printed in the QUARTERLY, be approved; motion seconded and carried.

RECORDING SECRETARY'S REPORT, 1917-1918.

The report of the Recording Secretary was read as follows:

This being my first year as Recording Secretary of your honorable body, I have been reluctant to take too aggressive a stand in the work, but have rather felt my way along, trying to ascertain just what my duties were. I have through correspondence endeavored to find out what was the matter with Eclecticism in States where weak organizations exist, and in almost every instance found opposition among factions in said States.

The greatest detriment to our progress, I feel, is factional fights. It has been as a millstone about our necks in my own State, principally in respect to college matters, although we have had fairly good organization work, largely due to the zeal of our State secretary.

I have visited the Arkansas and the Kansas associations, and found them in a fairly prosperous condition. The new officers elected promise to continue the energetic work that has been done in the past.

The war is making inroads upon some of our most efficient State officers, finally taking from Missouri her State secretary. This fact handicaps us more than ever, for the National is dependent upon the efficiency of State officers and especially the secretary and treasurer, because the prompt remittance of funds is vital to our existence. This fact, however, has been brought to your attention over and over again.

Looking at this matter practically, how can the National aid in the collection of dues without overstepping the bounds of propriety and offending State officers? According to our by-laws, we have no right to collect dues from members directly, but the $2.00 received from members is a per capita tax to be paid by State societies. I would like to see an amendment to our by-laws giving the National officers power to collect this per capita tax directly from members, providing a State secretary fails to fulfill the duties of his office, evidenced by no response to correspondence from the National officers, or properly conduct the duties of his office. Many of our members have lapsed owing to the indifference of State officers, and if some power were given National officers to act in such an emergency some members could be prevented leaving us. We should especially make an effort to re-

instate those who are in arrears but one year, and I feel should be offered this privilege by paying one year's dues; for if they are allowed to become two years in arrears they are, as a rule, hopeless.

I had an idea that the question of collecting could be settled through correspondence with State secretaries. But often when we write, asking for the privilege of helping them collect, we never receive a response, so it makes it difficult to co-operate.

I believe it would be wise for the National to provide postage for the secretary to send out stamped envelopes for reply, when the National endeavors to collect in a certain State, especially if that State has many delinquents and has been neglected. I have tested out that plan in a limited way the past year, and whereas I had previously sent out bills urging payment with scarcely no response, when I sent out stamped envelopes over half came back, many paying up and some returning stamps so as to not put the National to extra expense. Business corporations recognize the fact that it pays to send our stamped envelopes, and if their expense is justified, ours is more so.

The less trouble it is for a doctor to reply to a letter the more likely will he respond. If the envelope is stamped and addressed and it is only necessary for him to enclose a check, he is more apt to remit. I hope power will be given us to engage in active campaign the coming year for a reinstatement of delinquent members. I have one State in mind that is typical of others in which there are 38 delinquents, and 26 paid up to 1918. I have had so few States make this year's report that a tabulation of them would be useless or serve no useful purpose.

In regard to medical politics or legislation, I find that we have been negligent. Knowing that Arkansas Eclectics have advantages in this respect that no other State enjoys, I inquired how they accomplished it. As you may know, they have an Eclectic examining board as well as Eclectic representation on the State Board of Health.

The way they have succeeded is by publicity among legislators and constant watchfulness when the legislature is in session. The Eclectics of Arkansas are fortunate in having one of their number located in Little Rock, a man who is loyal and energetic as well as a shrewd politician. He visits the legislature frequently and watches to see if any bills detrimental to liberal medicine are being introduced, and in the meantime he keeps in touch with Eclectics in various parts of the State, advising them to write or telegraph their respective legislators from their districts and at all times, acquainting legislators with facts relating to recognized schools of medicine, also enlightening them regarding the motives back of Allopaths' activity politically.

This kind of work should be done in every State and really is the only way we can stem the tide of the efforts of political doctors to dominate medicine in America. Now, while making the "world safe for democracy," is an opportunity I think to start a crusade against medical autocracy, by a campaign of publicity among legislators, and no one can do this better than Eclectic physicians, who should busy themselves in their communities, taking part

in all matters that pertain to the welfare of their communities—civic, social and political. Thus you may obtain the attention of men of influence, who will listen to you and believe in you, for they must have confidence in your motives before they will take stock in your cause.

The great difficulty with some of our men is that as soon as they gain a little influence in this way, they desert the cause of Eclecticism, being afraid the opposing force is so strong as to overwhelm them; but I have never known of any cause as just as ours, no matter how weak apparently the loyal subject of that cause may be, but what that subject will be the admiration of his opponents as long as he fights square. I can not but feel that if intelligent and persistent efforts are put forth in the right direction, that we can at least prevent the Allopaths dominating things medical, any more than they are today.

Referred to the House of Delegates.

REPORT OF CORRESPONDING SECRETARY AND EDITOR.

Another year has passed, and today finds us confronting the future with its unsolved problems, perplexities and uncertainties. When we met one year ago in Nashville, our country had just entered the maelstrom of carnage and devastation being enacted in Europe, blighting the lives and homes of thousands not only in Europe but in our own fair land as well. Sad and full of anxiety has been the past year for many of us, and no doubt will be for many months and possibly years to come.

There is no doubt "a halo of glory about the soldier's sacrifice," but to me it is a sad sight to see the young, vigorous men of our country sacrificed upon the altar of avarice, greed and selfishness. There are many Rachels mourning for their young today in our own land, and God only knows how many more there will be before we meet again.

In presenting this, my ninth annual report as editor, I have but little to offer save in a financial manner. We repeatedly requested State secretaries and board members to send us items of general interest, but all such requests were ignored save only with three or four exceptions. It is hard to gather these items unless those interested furnish them. In some cases even direct inquiries are ignored.

The financial statement is as follows:

FINANCIAL ACCOUNT, 1917-1918.

1917.			
June	26.	J. T. McKeel, subscription	$ 1.00
July	5.	J. W. Brooks, subscription	1.00
July	17.	Jennie M. Covert, subscription	1.00
Aug.	28.	Waterbury Co., for advertising	25.00
Aug.	29.	E. G. Sharp, subscriptions	275.00
Sept.	20.	J. K. Scudder, net advertising	60.44
Oct.	4.	M. M. Harvill, QUARTERLIES	2.50
Oct.	15.	B. E. Dawson, reprints	4.80
Oct.	18.	H. H. Helbing, reprints	3.00

Nov.	22.	J. K. Scudder, net advertising	64.35
Nov.	30.	E. G. Sharp, subscriptions	275.00
Dec.	10.	T. D. Adlerman, reprints	2.33
Dec.	17.	T. D. Adlerman, reprints	3.17
1918.			
Feb.	27.	J. K. Scudder, net advertising	18.70
Feb.	27.	E. C. Barker, subscription	1.00
Mar.	11.	E. G. Sharp, subscriptions	275.00
April	24.	W. J. Youmans, subscription	1.00
May	6.	T. J. Wagner, subscription	1.00
May	22.	J. K. Scudder, net advertising	96.87
May	27.	E. G. Sharp, subscriptions	275.00
		Total receipts	$1,387.16

EXPENDITURES, 1917-1918.

1917.			
Sept.	3.	J. K. Scudder, Waterbury adv	$ 25.00
Sept.	20.	Peerless Printing Co., Sept. QUARTERLY	177.65
Sept.	20.	Editor	75.00
Dec.	3.	Peerless Printing Co., Dec. QUARTERLY	150.52
Dec.	3.	Editor	75.00
1918.			
Feb.	28.	Peerless Printing Co., March QUARTERLY	162.27
Mch.	11.	Editor	75.00
Mch.	13.	Review Advertiser for envelopes	5.25
May	23.	Peerless Printing Co., June QUARTERLY	129.95
May	29.	Editor	75.00
May	29.	Stenographer	100.00
May	29.	Postage and express	45.00
June	1.	Postal cards $24.00, printing $1.00	25.00
		Total	$1,120.64
		Bal. on hand due Treasurer	$ 266.52
			$1,387.16

RECAPITULATION.

Receipts—		
Total subscriptions from Treasurer Sharp	$1,100.00	
Gross advertising	752.24	
Subscriptions	18.80	
Reprints and misc., and error from last year	50.80	
Total		$1,921.84
Expenditures—		
Printing QUARTERLY	$ 620.39	
Editor's salary	300.00	

Stenographer, one year	100.00	
Postage, mailing, paper, etc	534.68	
Editor's expenses for postage, etc	50.25	
Postal cards $24.00, printing $1.00	25.00	
Printing on last year program	25.00	
Total		$1,655.32
Balance due		266.52

The actual cost of this volume for printing paper, mailing, salaries, etc., is $1,555.07, or a trifle over $0.97 each. It contains less pages than last year. Part of this loss is due to authors taking away their manuscript and neglecting to return it.

The advertising receipts are a trifle less than last year, but the difference would probably be entirely eliminated were the advertising all paid. Many advertisers are withdrawing, but I believe that united efforts would increase it, but I can not do it alone. Respectfully submitted,

W. N. MUNDY, M.D., *Editor.*

Referred to House of Delegates.

REPORT OF TREASURER TO JUNE 1, 1918.

June 1.	By balance (cash on hand)	$1,157.50	
June 24.	By Mundy (rebate on QUARTERLY)	133.93	
Sept. 5.	By Sharp (interest on money to June 1	29.60	
Sept. .	By expressage rebate	2.68	
1918.			
Nov. 1.	By J. K. Scudder (net receipt Com. Exh.)	49.81	
June 1.	By yearly dues collected	2,033.00	
	Total cash received		$3,406.52

DISBURSEMENTS.

1917.			
June 21.	To Warrant No. 301, E. G. Sharp	$ 66.50	
June 21.	To Warrant No. 302, W. M. Mundy	275.00	
June 22.	To Warrant No. 303, Wm. Best	450.31	
Aug. 4.	To Warrant No. 304, Helbing, S. and T	10.00	
Aug. 4.	To Warrant No. 305, Helbing, Printing	12.00	
Aug. 10.	To Warrant No. 306, Dillan, reptng. 17 con.	115.00	
Aug. 25.	To Warrant No. 307, Wm. Mundy	275.00	
Sept. 20.	To Warrant No. 308, Mundy, stationery	199.01	
Sept. 27.	To Warrant No. 309, Best, stationery	12.20	
Nov. 16.	To Warrant No. 310, Helbing, stationery	39.00	
Nov. 26.	To Warrant No. 311, Mundy, QUARTERLY	275.00	
1918.			
Feb. 19.	To Warrant No. 312, Mundy, QUARTERLY	275.00	

Apr. 29.	To Warrant No. 313, Helbing, coffin stat'y..	32.30	
May 24.	To Warrant No. 314, Mundy, QUARTERLY..	275.00	
June 1.	By balance due, cash on hand.....		$2,311.32
			$1,095.20
Interest			23.95
	Total		$1,119.15

Referred to House of Delegates.

REPORT OF COMMITTEE ON ORGANIZATION.

The report of the Committee on Organization was as follows:

The past year has not been one of great achievements. Personally, we are not satisfied with the results attained. Though we have written all state secretaries and organizers, no satisfactory replies have been received, and but one secretary has forwarded me anything pertaining to their state meeting, either for publication or guidance.

There are probably good reasons for this seeming indifference. First, the war has so engrossed the attention of every one of us that we have been unable to take but little interest in other matters. Organization, it is true, is still the watchword, but it is along other lines. We are now organizing for the successful prosecution of the war, and, though we may differ from each other in some respects and possibly do not concur in all that is being done, may even question some things, yet, as good, loyal citizens, it is now our duty to lay self aside and assist to the limit in all movements that have in view the good and uplift of our nation and incidentally the world.

Again, many of our younger men and some that are not so young, have enlisted in the service of their country and are doing their bit toward alleviating the sufferings of those that have given their all at the command of the nation. In Ohio, nearly one-sixth of our state society has responded to the call, several of whom are now in France.

The recent graduates are practically all gone, and it is from these we must enlist our additions. Our efforts, therefore, have been largely directed toward keeping in line those who are already members and those who have permitted themselves to lapse by reason of the non-payment of dues. My past year's work has been to me a hardship beset with difficulties, disappointments and misgivings by reason of misunderstandings, indifference, general apathy, and even opposition. Yet I know of no royal road to success that is beset with flowers, and so we keep on and on, endeavoring by every means known to us to arouse our people to a sense of their duty and to the necessity of maintaining strong, aggressive organizations—national, state and local.

I am perfectly aware we have not grown as we should, yet it should be remembered that we have but a limited source from which to recruit,

and again, there are but so few of our men who take an active interest in obtaining recruits from that source. Even those most vitally interested, or rather, who should be, neglect to respond to inquiries as to graduates and their residence, in order that some definite line may be secured. We have but one source of information, and that source often is uncertain. Whilst this is probably poor consolation, we have a little comfort in the fact that other organizations of a similar character are in the same predicament. The main feature or reason for this condition is a lack of loyalty on the part of those most vitally interested. Lack of definite purpose and want of harmony are close seconds. Like all organizations, men attend until honored by the society and then lose all interest. An up-to-dateness in personnel and program are needed, and an everlasting push, push, push that never tires.

I have often felt that our slow growth is due to a misunderstanding of our real aim, or rather a lack of knowledge of what Eclecticism stands for or is. Men high in educational circles have told me it was a fad or "ism." I am not certain whether this statement arose from a lack of knowledge or was a studied misstatement of facts. In the *Journal of the American Medical Association* of May 18th is a letter from Surgeon General Gorgas to the adjutant general of the army, most of which I most heartily indorse. Yet in one statement he voices the language of the Council of Medical Education of that society by classing Eclectic and Homeopathic medicine as a dogma or sect. "It would be most objectionable," he says, "to recognize any sort of medical practitioners in the medical department of the army, be it Osteopathic, Allopathic, Eclectic, Chiropractic, or any other of the countless sects. Members of the regular profession of medicine, who now enter the Medical Corps, are merely educated physicians and do not constitute a sect in medicine, Allopathic or otherwise." To all of which we are in hearty sympathy. We wonder, however, how much truth there is in the next sentence: "They are merely physicians, free to follow any method of treatment which they may deem beneficial in the same sense that a chemist is a chemist and a physician is a physician."

It is easy, indeed, to criticize, and much criticism is destructive rather than constructive. Honest criticism, having for its purpose the betterment of existing conditions, or which offers a remedy for one thing criticized, should be welcomed. In the present instance we doubt the liberty of action accorded the individual physician.

Personally, I doubt the wisdom of Homeopathic or Eclectic hospital units being enlisted as entities, but I do not doubt the wisdom of allowing freedom of action, so that they may use their individuality and be permitted to profit by their own experiences acquired in private practice. I am not ready to acknowledge the superiority of the dominant school of medicine so far as therapeutic knowledge is concerned; neither am I ready to acknowledge that serum and vaccine therapy is founded upon a scientific basis. I am sure it is not thus practiced, and to practice it necessitates access to a fully equipped laboratory.

For instance, I read thus: "Clinical evidence has since accumulated which

tends to encourage the use of Cole's Type 1 serum in pneumonia in cases in which the corresponding type of infecting organism has been determined." How can one situated sixty or seventy miles from a laboratory ascertain the type of organism present in a case of pneumonia, and, in the meantime, what shall be done until he has ascertained it? We are told, use a polyvalent serum. Again I read: "Early massive (from 50 to 100 c.c.) intravenous doses of a highly potent serum, prepared from the type of pneumococcus present in the case to be treated, are necessary. Investigations indicate that the pneumococcus in lobar pneumonia may be referred to one of four types in respect to its response to serum treatment. The serum used should be obtained from an animal immunized with pneumococci of the type corresponding to that present in the special case under treatment. Thus far, Type 1 serum alone seems to be on reasonably secure serum clinical ground" (June 1, 1918).

These quotations are given to show that so-called scientific medicine is not based upon well-established facts and that it is as empirical as any method in vogue. The result is, the educated physician is compelled to turn to the chemist and pharmacist for his therapeutic armamentarium, and I wonder if the large mortality in pneumonia and kindred diseases is not due to this lack of therapeutic knowledge. The comparatively few Homeopathic and Eclectic physicians can not sustain the large manufacturing pharmacists, hence the dominant school must, of necessity, be the school that is maintaining these men with their ready-made therapeutic mixtures and formulas. The conclusion then is, Eclecticism has not fulfilled its mission, and the necessity still remains for us to maintain our organizations, to renew our efforts, and to upbuild our institutions.

I have felt for many years that one of our shortcomings is the neglect to interest our men in our institutions of learning. Until very recently all our colleges were either stock or private institutions. The same is largely true today. It is practically impossible to secure endowments or gifts for such colleges. Our teachers have been sadly lacking in foresight in not soliciting the interest of the alumni of the several institutions in their welfare. Nearly every college has been built up and endowed by their successful alumni. We should aim by every possible means to interest the men in their Alma Mater, and we should endeavor to enlist their sympathy, loyalty and interests. I can not tell you how to do it, as I have been trying for years to do this and have not met with the success desired. Our teachers can, in a very large measure, assist in this work by being full-fledged Eclectics and loyal themselves. Half-hearted, weak-kneed Esaus are detrimental to every cause, and these men can undo in a few weeks what it will take months and years, and possibly eternity, to remedy.

Every boy, every student has his ideal in the faculty. Let that ideal be a Judas and his prototypes are lost forever to Eclecticism. What we need, therefore, more than anything else to hold our young men to the cause is whole-hearted, 100 per cent. teachers—men who are loyal to the cause under all circumstances and not simply for the mess of pottage brought to their

doors by the influence and prestige of being a teacher. Factions, jealousies and selfishness have been our stumbling-blocks and will be until our men can rise above self. In Ohio, we have endeavored to build up an endowment fund among the alumni of the institution. We have succeeded in securing a small amount, but it is not sufficient for the needs. Could we secure the whole-hearted support of the large alumni of this institution, of men very successful in life, the problems of the college would be solved. I leave this thought with you, urging you all to appeal to the loyalty of your pupils—interest them in their Alma Mater.

The activity of the Council of Medical Education is still noticeable in the rulings and legislation in the several states. I do not ask nor desire our representatives on the several boards to do anything for Eclecticism of which they would be ashamed, but I do think they ought to safeguard the interest of our school and not be dictated to by any self-appointed council, whose acts have no judicial or legislative weight save only through political influences, pull or intrigue.

I noted recently that the Kansas State Board after 1922 would only recognize graduates from Class A colleges. Who makes the classification for them? Do they make their own classification, or do they blindly accept the ruling of the coterie in Chicago? It is a well-known fact that no matter how honest, no matter how successful its graduates, no Eclectic school can obtain a Class A rating from them. For instance, they put in Class A the Allopathic medical department of the Ohio State University, whilst the Homeopathic department, with the same entrance qualifications, the same teachers in biology, physiology, chemistry and anatomy are placed in Class B. The same condition formerly was true with the University of Michigan. Is it right? Is it just? Again, most of these representatives are deaf to every and any appeal for data from their boards for publication. Why should it all be sent to Dearborn Street, Chicago, and their own publication ignored?

Representatives of our school have not been slow in responding to the call of the nation. I am fully persuaded that proportionately they have and are doing their full share, and, what is more, they are making good. That is as it should be, and I would hang my head in shame were it otherwise. Responding thus freely to the call of our nation, it should, in turn, protect us from any further German-made culture and propaganda in our institutions of learning, a la Carnegie Foundation.

Now, my friends, as we face another year, with its uncertainties and perplexities, let us renew our allegiance to the faith we profess, and let us determine to do what we can to build up our institutions. Let us be careful to be clean, keep our institutions and professional lives clean and above reproach. It is a fact in every walk of life that the minority party must always be the most careful, as little shortcomings in them stand out more clearly and boldly, hence more noticeably, so we must, of necessity, be more careful.

Stick to the right; stick to the ship! There is need for us; there is room for us, especially so long as therapeutic measures remain in the same chaotic,

uncertain condition as it is at present. We have the nearest approach to science and certainty in our method or mode of therapeutic procedure. Let us continue to promulgate it. W. N. MUNDY.

REPORT OF THE COUNCIL OF MEDICAL EDUCATION.

To the Officers and Members of the National Eclectic Medical Association:

Since our last report we have made the following collections:

Collected at Nashville (Tenn.) meeting	$25.00
Dr. W. P. Best, Indiana	1.00
Dr. S. L. Katzoff, Connecticut	2.00
Dr. T. Crandall, Indiana	1.00
Dr. J. P. Houck, Indiana	1.00
Dr. B. W. Mercer, Ohio	2.00
Dr. T. D. Hollingsworth, Ohio	1.00
Dr. D. H. Weling, Ohio	1.00
Dr. W. Van Nette, Ohio	1.00
Dr. M. S. Eckermeyer, Ohio	3.00
Dr. P. A. Kemper, Ohio	2.00
Dr. G. M. Sweepston, Ohio	2.00
Dr. R. Powers, Ohio	10.00
Dr. G. F. Whitney, Ohio	2.00
Dr. C. R. Kittsmiller, Ohio	1.00
Dr. J. H. Bloom, Ohio	2.00
Dr. H. W. Powers, Ohio	2.00
Dr. T. C. Leachman, Oklahoma	2.00
Dr. L. W. Trissler, Ohio	1.00
Dr. J. W. Yancy, Arkansas	2.00
Dr. J. W. Yancy, Arkansas (second time)	2.00
Dr. A. P. Taylor, Ohio	5.00
Dr. S. L. Katzoff, Connecticut (second time)	2.00
Dr. A. J. Givens, Connecticut	10.00
Dr. S. Tomassello, New York	5.00
Dr. E. L. Downey, New York	1.00
Dr. G. C. Porter, Indiana	3.00
Dr. G. H. Candlin, Texas	3.00
Dr. J. H. Heacock, New York	1.00
Dr. P. D. Bixell, Ohio	1.00
Dr. J. P. Harvill, Tennessee	3.00
Dr. M. M. Harvill, Tennessee	2.00
Dr. B. L. Simmons, Tennessee	1.00
Dr. F. S. Peck, Oklahoma	2.00
Dr. J. B. Brewer, Wisconsin	1.00
Dr. M. B. Shultz, Pennsylvania	2.00
Dr. W. P. Ferguson, California	1.00
Dr. G. R. Hill, Wisconsin	1.00
Dr. W. D. Hunt, Kansas	2.00
Dr. A. A. Ducless, Wisconsin	2.00
Dr. D. V. Vietts, Ohio	3.00
Dr. H. J. Terpenning, New York	5.00
Dr. Ira F. Hawley, New York	1.00
Dr. E. F. Shaulis, Pennsylvania	10.00
Dr. G. T. Sharp, Washington, D. C.	5.00
Dr. J. R. Bangert, Pennsylvania	1.00
Dr. G. B. Shivery, Pennsylvania	5.00
Dr. C. Kelly, Connecticut	5.00
Dr. C. M. Chandler, Utah	5.00
Dr. M. G. Porter, Indiana	2.00
Dr. W. N. Mundy, Ohio	2.00
Dr. G. W. Hargest, New York	1.00
Dr. M. S. Canfield, Indiana	5.00
Dr. O. C. Baird, Kansas	5.00
Dr. J. W. Kannell, Indiana	1.00
Dr. C. O. Hoover, Kansas	$ 1.00
Drs. Burgin & Burgin, Colorado	2.00
Dr. W. P. Collins, South Dakota	10.00
Dr. A. F. White, Georgia	5.00
Dr. R. E. Sawyer, Oklahoma	2.00
Dr. J. S. Leachman, Oklahoma	2.50
Dr. W. L. Marks, Michigan	1.00
Dr. L. F. Richmond, Kansas	2.00
Dr. G. M. Beckham, Oklahoma	2.00
Dr. F. O. Harrison, Illinois	2.00
Dr. P. L. Jones, Kansas	5.00
Dr. J. Stark, California	5.00
Dr. W. P. Ferguson, California	1.00
Dr. A. S. Tuchler, California	5.00
Dr. C. H. Bellamy, Texas	5.00
Dr. H. H. Shafor, Michigan	5.00
Dr. C. A. Lutgen, Nebraska	2.00
Dr. G. M. Williams, Texas	1.00
Dr. B. J. French, Texas	5.00
Dr. J. Yates, New Mexico	2.50
Dr. J. F. Barbrick, Massachusetts	25.00
Dr. A. B. Hughes, California	1.00
Dr. J. S. Crow	2.00
Dr. J. B. Mathews, Illinois	2.00
Dr. C. Shultz, Texas	5.00
Dr. M. E. Elliott, Wyoming	5.00
Dr. J. M. Crandall, Arkansas	1.00
Dr. F. E. Hufnail, Minnesota	2.00
Dr. R. J. Lambert, Ilinois	1.00
Dr. A. P. Baird, California	5.00
Dr. J. H. Rinehart, Kansas	2.00
Dr. W. L. Marks, Michigan	1.00
Dr. W. J. Louis, New York	5.00
Dr. W. L. Heeve, New York	10.00
Dr. S. L. Katzoff, Connecticut (third time)	2.00
Dr. W. A. Maple, Iowa	10.00
Dr. E. R. Blough, Pennsylvania	5.00
Dr. W. A. Wyman, Wyoming	5.00
Dr. G. W. Hargest, New York (second time)	2.00
Drs. V. M. and F. D. Pierce, New York	10.00
Eclectic Medical Society of the State of New York	25.00
Dr. Q. R. Hauss, Indiana	5.00
Total	$366.00
Previous acknowledged	695.79
Interest on deposits	15.75
Los Angeles Eclectic Medical Society	105.00
Eclectic Medical Society, South Dakota	35.00
Grand total	$1,217.54

Charges on checks, $5.82.

Brooklyn Trust Company

Bedford Branch

Certificate of Balance $1,182.54

We hereby certify that at the close of business on June 11, 1918, the sum of eleven hundred and eighty two 54/100 dollars, was on deposit with this company to the credit and belonging to Council of Medical Education.

C. BEOLES, Bookkeeper. E. W. SCHMIDT, Branch Manager.

Respectfully submitted,

THEODORE DAVIS ADLERMAN, M.D., *Chairman.*

Referred to House of Delegates.

SUPPLEMENTARY REPORT OF COUNCIL OF MEDICAL EDUCATION.

To the National Eclectic Medical Association:

As a member of your Council of Medical Education, I wish to make the following report of all monies collected by me during the past year for the Medical College Fund, giving due credit to each and everyone who has contributed thereto:

Indiana.

Dr. H. E. Vitou, South Bend	$ 5.00
Dr. F. J. Nifer, South Bend	5.00
Dr. W. W. Tindall, Shelbyville	25.00
Dr. J. E. Holman, Indianapolis	10.00
Dr. J. D. McCann, Monticello	10.00
Dr. J. H. Hauck, Terre Haute	10.00
Dr. J. M. Billman, Sullivan	10.00
Dr. M. G. Porter, Elnora	10.00
Dr. I. J. Gill, Dugger	5.00
Dr. A. J. Nellins	5.00
Dr. U. G. Vance, Fowlertown	5.00
Dr. W. H. Wagner, Peru	5.00
Dr. Thomas Crandall, Warren	1.00
Dr. C. A. Tindall, Shelbyville	10.00
Dr. J. W. Gage, Indianapolis	15.00
Dr. Morse Herrod, Ft. Wayne	2.00

Canada.

Dr. J. Gordon Bennet, Halifax, Canada	25.00

Ohio.

Dr. S. M. Sherman, Columbus	10.00
Dr. W. N. Mundy, Forest	2.00
Dr. E. A. Wolf, Dennison	10.00
Dr. P. A. Kemper, Germantown	5.00
Dr. J. S. Tarrant, Cincinnati	5.00
Dr. C. W. Holtzmuller, Farmersville	10.00
Dr. G. M. Sweepston, McArthur	5.00
Dr. T. D. Hollingsworth, Akron	$10.00
Dr. H. F. Wiedman, Shadyside	5.00
Dr. V. D. Vits, Youngstown	5.00
Dr. P. D. Bixel, Pandora	5.00
Dr. Wesley Van Nette, Clyde	1.00
Dr. F. M. Sponseller, Wellington.	1.00

Pennsylvania.

Dr. C. J. Hemminger, Rockwood.	15.00
Dr. E. F. Shaulis, Indiana	20.00

Illinois.

Dr. C. H. Hulick, Shelbyville	5.00
Dr. F. O. Harrison, Christopher	5.00

Illinois.

Dr. John S. Wells, Arcadia	5.00
Dr. J. B. G. Smith, Zolfo	5.00
Dr. Nicholas P. Myers, Florinda	5.00

Michigan.

Dr. F. E. Crowell, Lawrence	10.00
Dr. W. S. Marks, Grand Rapids	3.00

Kentucky.

Dr. F. E. Locke, Newport	5.00
Dr. G. L. Everley, Rockport	5.00

Georgia.

Dr. C. A. Wilson, Maysville	1.00

Missouri.

Dr. H. H. Helbing, St. Louis	10.00
Total	$331.00

ORLANDO S. COFFIN, M.D.

Referred to House of Delegates.

The president then appointed the following as a Credentials Committee: Dr. Morse Harrod, Indiana; Dr. J. F. Wuist, Ohio; Dr. D. H. Griffiths, Georgia.

Adjournment until two o'clock.

REPORT OF COMMITTEE ON KANSAS CITY COLLEGES.

Pursuant to instructions of the National Eclectic Medical Association at its session of 1917, held at Nashville, Tenn., June 19-22, the committee, consisting of Dr. W. E. Daniels, of Madison, S. D., chairman; Dr. E. G. Sharp, of Guthrie, Okla., Dr. W. W. Maples, of Des Moines, Iowa, Dr. J. H. Reinhart, of Quintar, Kansas, and Dr. Gates, of Waco, Texas, said committee to investigate the standing and condition of the Eclectic colleges of Kansas City, Mo., and report the same to the National Eclectic Medical Association at its next annual session. On call of the chairman the committee met at the Savoy Hotel in Kansas City, Mo., October 1, 1917, at 10:00 A. M., with all present except Dr. Gates. We immediately went into executive session, and, after due consideration, we decided on the following program: Inspect the buildings of the Kansas City College of Medicine and Surgery and the Eclectic Medical University. Inspect the different rooms and their equipments. Look over the student body and the faculties. Inspect the credentials and holdings of the schools, hospitals and dissecting facilities.

We first visited the Kansas City College of Medicine and Surgery and found a four-story building, including basement, constructed of stone, brick and cement. Basement and first story completed, and the other two stories in course of construction, and many of the rooms were finished and equipped. The main building is about 50 x 60, or a little larger.

Dr. D. R. Alexander, the secretary and owner of some 75 per cent. of the stock of the building and its equipments, met us and showed us through the building and took us to the various rooms. Building well constructed and practically fireproof. All rooms well lighted and ventilated. There are several rooms devoted to lecture—size, 16 x 30. Chemical laboratory has plenty of equipment and is well stocked. We listened to the professor and his class for some time. The pathological and bacteriological rooms are well supplied with microscopes and other necessary equipments to do good and thorough work. Dissection room on third floor is 32 x 24; four tables. Clinical operation room, 14 x 20; also an eye, nose and throat room, same size; neither fully completed. Third floor, except for the two rooms above mentioned, is devoted to the college hospital, having some forty beds.

The college is officially connected with the Mulvany Hospital, which has twenty-six beds. The entire building and rooms are equipped with the latest and most up-to-date appliances, and are capable of doing good work. The student body numbers 125, twenty-five of them being seniors. They will compare favorably with any similar body of medical students. Faculty, twenty-nine to thirty in number, with six in the army. The faculty is composed of fifteen Eclectics, twelve Regulars, one Homeopath, and two not classified. Materia medica and practice are taught by Eclectics; two professors to each branch. A tax title is held by Dr. Alexander to the property and the equipment, and the corporation is complete under the laws of Missouri.

Eclectic Medical University, located on the third floor of an office build-

ing at 309 East Tenth Street. The building is old and was never intended for college purposes. There is ample room for the student body, which now numbers about fifty, twelve of whom, we were told, are in the senior class, and the student body, as a class, will measure up to the average medical senior class.

The class rooms are rather small and not very well arranged and rather poorly lighted. The chemical laboratory is quite well equipped with apparatus to work with, but we were unable to find any chemicals and were assured that the chemicals had been ordered and were then on the road and would be there in a very short time. The room for pathological and bacteriological work seemed ample in space but lacked equipment. Dissection claimed to be done in the Osteopathic College, situated in some part of the city, which we did not visit.

The college claims to do its hospital work in the various hospitals in the city, and lays great stress on being connected with the Dr. Johnson Cancer Research Institution under the supervision of Dr. E. M. Perdue, who is a graduate of the school. The college is also connected with the once infamous "Temple of Health" (Dr. Carter's Temple of Health, noted the country over as being an unetheical advertising institution). It is now known as Dr. Plank's Sanitarium.

The college claims an excellent library, but that, too, is connected with Dr. Plank's Sanitarium and in another part of the city. We might state that the Kansas College of Medicine and Surgery has a very nice (rather small) library in its college building and is adding to it very rapidly.

The Eclectic Medical University seems to be legally organized, but the original papers for its organization are in the possession of Dr. D. R. Alexander. We were informed that the management have a lease on this building for one year with the privilege of a renewal. They have a faculty of some twenty-five or thirty, and most of them are identified with the Eclectic profession. There were some ten or more absent, some having gone to the war, and others not yet fully signed.

The institution claims that they own a greater part of the stock and equipment of the Kansas City College of Medicine and Surgery, and claimed to be in a position to begin action to recover the same, and since investigating they have instituted two suits, one of which was dismissed by the courts, and the other one has never been brought to trial owing to the university failing to put up bonds to cover the cost. The county records show this, but the matter is one for the Missouri courts to settle, not us.

In conclusion, we would say that the institution at the present time, with its present location and equipment, is not able to give the required instructions to its students, although it has some very able men on its faculty.

The Kansas City College of Medicine and Surgery has a very good location and a fine new building, capable of caring for two hundred or more students, with ample hospital facilities. The college is well equipped throughout, and, with a more thorough Eclectic faculty, will and can meet the requirements of the National Association, but with the present feeling in

the Eclectic profession in Kansas City and the attitude of the Missouri Board, we advise that both colleges be placed on probation for at least another year. W. E. DANIELS, *Chairman.*

* * *

For the information of the Association, we submit an additional report. We have been creditably informed that the Eclectic Medical University has given up the lease to the building and completed the school year in some rooms occupied by members of the faculty, and that there were rumors to the effect that the school would not open next semester and that the students would enter other schools to complete their course. We have been informed that they graduated five or six students the first part of May.

The law suits instituted against the Kansas City College of Medicine and Surgery have failed to materialize and have been dismissed by the Missouri courts.

The Kansas City College of Medicine and Surgery graduated twenty-four students and have been informed that they will be admitted to examination in Arkansas, Kansas and Nebraska, and the April number of the A. M. A. gives this college as being recognized by eighteen states, and that does not include Arkansas, Kansas, Nebraska, Texas nor Oklahoma, who recognize their students or reciprocate with Arkansas; and, taking the states reciprocating with Arkansas, Kansas and Nebraska, gives this college not less than twenty-five states and that meets the requirements of the Federal Board. W. E. DANIELS, *Chairman.*

Referred to House of Delegates.

TUESDAY AFTERNOON SESSION.

The Tuesday afternoon session was called to order at 2:30 by the president, the first order being the President's Address, during the reading of which Dr. H. A. Shafor, of Detroit, occupied the chair. President's Address printed elsewhere.

After the singing of "America," the convention took up section work, the first being the section on practice and pathology.

SECTION ON PRACTICE AND PATHOLOGY.

Dr. N. A. Graves, Chicago, presiding.

Dr. N. A. Graves, Chicago, read a paper, entitled "Some Practical Points Learned from the Use of the Sphygmomanometer."

This paper was discussed by Drs. Z. L. Baldwin, Kalamazoo, Mich.; William P. Best, Indianapolis; J. C. Mitchell, Louisville, Ky.; T. D. Hollingsworth, Akron, Ohio; J. E. G. Waddington, Detroit, Mich.; T. E. Larson, Wisconsin; Finley Ellingwood, Chicago; E. G. Sharpe, Guthrie, Okla.; W. E. Kinnett, Peoria, Ill.; F. B. Crowell, Lawrence, Mich.; J. D. McCann, Monticello, Ind.; T. D. Adlerman, New York City, and Dr. Graves in closing.

Dr. A. T. Rank, Cavett, Ohio, read a paper, entitled "Eclectic Attitude in the Treatment of Disease."

Discussed by Drs. Morse Harrod, Indianapolis; William P. Best, Indianapolis; N. A. Graves, Chicago; G. H. Duncan, New York City; J. E. G. Waddington, Detroit; O. S. Coffin, Indianapolis; Wesley Van Nette, Clyde, Ohio; E. G. Sharp, Guthrie, Okla., and Dr. Rank in closing.

Moved by Dr. H. H. Helbing that Dr. Duncan be given the privilege of the floor for three minutes. Motion second and carried. Dr. Duncan gave a talk on "Auto-therapy."

Dr. W. E. Kinnett, Peoria, Ill., "What is the Practice of Medicine?" Discussed by Dr. T. D. Hollingsworth, Akron, Ohio, and by Dr. Kinnett in closing.

Dr. William M. Gregory, Berea, Ohio, "Autotoxemia in Chronic Diseases." Discussed by Drs. J. E. G. Waddington, Detroit; O. S. Coffin, Indianapolis; S. M. Sherman, Columbus, Ohio; W. E. Postle, Shepard, Ohio; J. J. Martin, Bucyrus, Ohio; T. E. Larson, Oshkosh, Wis., and by Dr. Gregory in closing.

Adjournment until 8:00 P. M.

Tuesday Evening Session.

The Tuesday evening session was called to order by the president at 8:25, who announced that General Robert E. Noble, of the office of the surgeon general at Washington, would address the Association. General Noble was introduced by Prof. John Uri Lloyd, of Cincinnati.

Following General Noble's address the convention adjourned until Wednesday morning.

Wednesday Morning Session.

The Wednesday morning session was called to order at 9:25 by the president, Dr. William P. Best, who first called attention to several resolutions adopted the preceding year and urged a greater degree of co-operation on the part of the members with the officials of the Association.

Dr. T. D. Adlerman moved that the morning session adjourn in time for the trip to the Parke-Davis plant at two o'clock. Motion seconded and carried.

SECTION ON PRACTICE AND PATHOLOGY RESUMED.

Dr. Simon Katzoff, Bridgeport, Conn., "Diabetes—a Few Simple Methods of Treatment." This paper was discussed by Drs. R. J. Lambert, St. Charles, Ill.; W. E. Kinnett, Peoria, Ill.; W. M. Gregory, Berea, Ohio; O. S. Coffin, Indianapolis; A. T. Rank, Cavett, Ohio; A. P. Taylor, Columbus, Ohio; Allen G. Rowe, Buffalo, and closed by Dr. Simon Katzoff.

Dr. Edith B. Lowry, St. Charles, Ill., read "Chicago's Venereal Clinics." This was discussed by Drs. H. S. Comas, Flint, Mich.; T. E. Larson, Oshkosh, Wis.; T. D. Hollingsworth, Akron, Ohio; Simon Katzoff, Bridgeport, Conn., and closed by Dr. Edith B. Lowry.

Dr. J. J. Rizk, Waverly, Neb., read a paper, entntled "Spirit of Eclecticism in the Orient." There was no discussion of this paper.

Dr. Z. L. Baldwin, Kalamazoo, Mich., read a paper, entitled "The Necessity for Orificial Work in Tuberculosis." Discussed by Drs. H. S. Thomas, Flint, Mich.; B. K. Jones, Kenton, Ohio; T. E. Larson, Oshkosh, Wis.; W. E. Kinnett, Peoria, Ill.; Allen G. Rowe, Buffalo; Edith B. Lowry, St. Charles, Ill.; T. D. Adlerman, New York; George C. Porter, Linton, Ind.

Adjournment until Thursday morning.

Thursday Morning Session.

The Thursday morning session was called to order at 9:30 by the president. The Section of Pharmacology and Therapeutics was begun at once.

Dr. Finley Ellingwood, Chicago, offered a resolution, which was referred to the House of Delegates.

SECTION II. PHARMACOLOGY AND THERAPEUTICS.

Prof. John Uri Lloyd, Cincinnati, delivered an address on "Our Contribution to Humanity."

Following Professor Lloyd's address, the convention went into executive session for a few minutes.

Dr. T. D. Adlerman introduced an amendment to the constitution, as follows, which was referred to the House of Delegates:

AMENDMENT TO THE CONSTITUTION AND BY-LAWS.

The following is offered as an amendment to the constitution and by-laws: *Resolved,* That Article V of the constitution, Committee of Status and Organization, be amended as follows: First, that the title be amended by striking out the word "Status" and inserting "Propaganda," so that it shall read as follows: Article V: "Committee of Propaganda and Organization."

That the body of the article shall be expunged and the following inserted: "The Committee of Propaganda and Organization shall consist of four members of the National Association, to be appointed by the president. This committee to do such propaganda and organization work as they may see fit. This committee shall select their own officers and shall do its work independently of the executive committee. The expenses of this committee not to exceed $240.00 for the year, to be paid by the National Association."

That Article VI of the By-Laws, paragraph 3, be amended also by striking out the words "On Organization," so that the title shall read, "On Legislation." (Signed) T. D. Adlerman.

REPORT OF HOUSE OF DELEGATES ON KANSAS CITY COLLEGES.

We, your committee, upon careful consideration of the report submitted by the committee which investigated the Kansas City College of Medicine and Surgery as well as the Eclectic Medical University, beg to recommend that the two above-mentioned colleges be not recognized by the National Eclectic Medical Association until these two colleges secure recognition from

the Missouri State Board of Health and have complied with all the requirements of their own state.

We further recommend that the QUARTERLY, as well as other Eclectic journals, publish the fact of our refusing recognition of the two above-mentioned colleges.

T. D. ADLERMAN, M.D.,
J. J. RIZK, M.D.

Moved by Dr. Adlerman that this report be adopted. Motion seconded by Dr. J. J. Rizk and carried.

Dr. E. G. Sharp read the report of the Council on Medical Education.

HOUSE OF DELEGATES.

Dear Sirs:—Relative to the report of the Council of Medical Education referred to us by your body, we recommend: That the report be accepted and that the work of the Council on Medical Education be continued, and that the finances collected by them be kept as a fund intact and placed in safe interest-bearing securities until the close of the war, or for another year at least.

Respectfully submitted,
DR. E. G. SHARP,
DR. GLENN,
Committee.

Moved by Dr. Adlerman that this report be adopted. Motion seconded by Dr. W. E. Kinnett and carried.

SECTION WORK RESUMED.

Dr. Finley Ellingwood, Chicago, "The Pivotal Point and Its Auxiliaries in the Essential Advancement of Eclecticism." This was discussed by Dr. William P. Best.

Dr. G. Strohbach, Cincinnati, read a paper, entitled "Some Recent Advances in Plant Therapy by Parental Routes." This was discussed by several members and the discussion closed by Dr. Strohbach.

Dr. C. E. Sackett, Charlotte, Mich., "Echinacea—Clinical Experiences."

Dr. William P. Best, Indianapolis, "Echinacea—Indications Calling for Use as Occur in the Several Contagious and Infectious Diseases, with Method of Administering."

Dr. Finley Ellingwood, "Echinacea."

This symposium was discussed by Drs. J. D. McCann, Monticello, Ind.; T. D. Hollingsworth, Akron, Ohio; W. E. Kinnett, Peoria, Ill.; G. Strohbach, Cincinnati; W. T. Rank, Cavett, Ohio; R. J. Lambert, St. Charles, Ill.; S. M. Sherman, Columbus, Ohio, and T. D. Adlerman, New York.

Dr. A. W. Lescohier, Detroit, "Treatment of Various Infections with Bacterial Vaccines." Discussed by Drs. R. J. Lambert; Allen G. Rowe, Buffalo, and closed by Dr. Lescohier.

The secretary then read a vote of thanks to General Noble for his address, which was referred to the House of Delegates.

Adjournment until two o'clock.

THURSDAY AFTERNOON SESSION.

The Thursday afternoon session was called to order at 2:15 by the president, who first presented Major Franklin Martin, of the office of the surgeon general at Washington, who addressed the convention along the line of the needs of the Medical Volunteer Corps.

Following Major Martin's address, the Auditing Committee made its report.

The Auditing Committee have examined the account of the editor of the QUARTERLY and find:

Receipts from all sources	$1,387.16
Disbursements	1,120.64
Balance to be returned to treasurer	$ 266.52

Moved by Dr. T. D. Hollingsworth that the report be adopted; motion seconded by Dr. W. E. Kinnett and carried.

Dr. T. D. Adlerman then read an amendment to the constitution, this being the report of the committee appointed to consider the report of the Committee on Organization. Moved that this report be adopted; motion seconded and unanimously carried. (See page 26.)

Dr. J. K. Scudder read a resolution that had already been presented to the House of Delegates and moved its adoption; motion seconded and carried.

Resolved, That the National Eclectic Medical Association in annual convention extend again our hearty thanks to General Robert E. Noble for his excellent address to us on "The Needs of the Medical Officers' Reserve Corps of the United States Army;

Resolved, That we again pledge every resource of our Eclectic body of physicians to our National Government in the successful prosecution of this war;

Resolved, That we heartily approve of the suggestions made to us by General Noble to conserve our medical colleges and the successful education of our medical students under our present high standard, and that we urge the Surgeon General of the Army to devise a plan either to enlist the essential members of the faculties of our medical colleges in the Medical Reserve Corps and then detail them to teach, or to devise some legal insignia for such college teachers, fully believing that such service in properly educating medical men is quite as essential as fighting in the ranks;

Resolved, That a copy of these resolutions be spread on our minutes, published in the medical and lay press, and copies forwarded to Surgeon General Gorgas and General Noble.

At the suggestion of Dr. E. G. Sharp, and by instruction of the president, the matters contained in Major Martin's address were referred to the House of Delegates, to come back to the convention for final action.

Under the Section of Materia Medica, Pharmacology and Therapeutics, Dr. H. A. Shafor, of Detroit, read a paper entitled "Therapeutic Use of Vaccines." This was discussed by Drs. G. Strohbach, Cincinnati; E. P. Zeumer, Cincinnati; W. P. Best, Indianapolis; W. N. Mundy, Forest, Ohio; W. M. Gregory, Berea, Ohio; J. E. G. Waddington, Detroit, and H. A. Shafor in closing.

Dr. E. P. Zeumer, Cincinnati, Ohio, read a paper, entitled "Clinical and Laboratory Diagnosis and Bacterial Vaccines." This paper was discussed by Drs. R. J. Lambert, St. Charles, Ill.; William P. Best, Indianapolis; Allen G. Rowe, Buffalo, and by Dr. Zeumer in closing.

Dr. Richard J. Lambert, of St. Charles, Ill., read a paper, entitled "Pharmacological (Laboratory and Clinical) Actions and Active Principles or Ingredients." This paper was discussed by Drs. Z. L. Baldwin, Kalamazoo; H. E. Vitou, South Bend, Ind.; H. M. Gregory, Berea, Ohio; George C. Porter, Linton, Ind.; William P. Best, Indianapolis, and Dr. R. J. Lambert in closing.

Dr. Z. L. Baldwin, Kalamazoo, read a paper, entitled "Bryonia." Discussed by Drs. W. M. Gregory, Berea, Ohio; J. E. G. Waddington, Detroit; H. E. Vitou, South Bend, Ind., and Dr. Baldwin in closing.

Dr. William M. Gregory, Berea, Ohio, read a paper, entitled "Calendula; Some External and Local Uses." Discussed by Drs. G. Strohbach, Cincinnati; J. H. Jenkins, Rushmore, Ohio; O. S. Coffin, Indianapolis, and by Dr. W. M. Gregory in closing.

Dr. H. A. Shafor, Detroit, read a paper, entitled "Pulsatilla; Indications Calling for Use of Drug." There was no discussion of this paper.

Moved by Dr. E. G. Sharp that the rest of the papers in this section be read by title. Motion seconded and carried.

All papers in the Section on Mental and Nervous Diseases were read by title.

In the Section on Surgery, Dr. J. E. G. Waddington, Detroit, read a paper, entitled "The Electrolytic Eradication of Birthmarks." There was no discussion of this paper.

Dr. H. H. Helbing, St. Louis, read his paper, "Large Cyst of the Kidney."

In the Section on Public Health, Dr. H. E. Vitou, South Bend, Ind., read a paper, entitled "Medical Inspection of School Children and Its Effects on Public Health." This paper was discussed by Drs. T. D. Hollingsworth, Akron, Ohio; H. W. Powers, Amherst, Ohio; W. P. Best, Indianapolis, and by Dr. Vitou in closing.

Adjournment until eight o'clock.

Thursday Evening Session.

The Thursday evening session was called to order at 8:30 by the president, who gave a short talk on the work of the Association.

Dr. S. M. Sherman, Columbus, Ohio, read a paper, entitled "Our Own Medicines." This was discussed by Drs. E. B. Shewman, Cincinnati; E. G.

Sharp, Guthrie, Okla.; H. H. Helbing, St. Louis, and by Dr. Sherman in closing.

Dr. H. H. Helbing, St. Louis, read a paper, entitled "Salpingitis." This was discussed by Drs. T. D. Adlerman, New York City; W. M. Gregory, Berea, Ohio; S. M. Sherman, Columbus, Ohio; J. E. G. Waddington, Detroit; J. K. Scudder, Cincinnati; W. E. Kinnett, Peoria, Ill., and by Dr. Helbing in closing.

Dr. T. D. Adlerman read a paper, entitled "Sane or Insane." This was discussed by Drs. J. E. G. Waddington, Detroit; H. E. Vitou, South Bend, Ind.; W. E. Kinnett, Peoria, Ill:; H. H. Helbing, St. Louis; W. P. Best, Indianapolis; J. J. Martin, Bucyrus, Ohio; G. Strohbach, Cincinnati, Ohio, and by Dr. Adlerman in closing.

Adjournment until Friday morning.

Friday Morning Session.

The Friday morning session was called to order at ten o'clock by the president. The report of the House of Delegates on names for the Council of National Defense was read.

The House of Delegates recommended the following list of members from the various states as state members on the Council of National Defense. We further recommend that Dr. Adlerman be named as member-at-large for the Council of National Defense as well as from the state of New York.

Member-at-Large—T. D. Adlerman, M.D., Brooklyn, N. Y.
Arkansas—E. H. Stevenson, M.D., 807 Garrison Ave., Ft. Smith.
California—H. T. Cox, M.D., 5829 York Blvd., Los Angeles.
Colorado—O. H. Burgin, M.D., Delta.
Connecticut—J. E. Hair, M.D., 720 State St., Bridgeport.
Florida—G. A. Muench, M.D., Tampa.
Georgia—D. H. Griffith, M.D., 701 Flat Iron Bldg., Atlanta.
Illinois—R. J. Lambert, M.D., St. Charles.
Indiana—W. P. Best, M.D., 2218 N. Tenth St., Indianapolis.
Iowa—W. A. Maple, M.D., 910 Fleming Bldg., Des Moines.
Kansas—J. H. Rinehart, M.D., Quinta.
Kentucky—J. C. Mitchell, M.D., 709 Stark Bldg., Louisville.
Massachusetts—A. L. Pattee, M.D., Falmouth.
Missouri—H. H. Helbing, M.D., 4963 Fountain Ave., St. Louis.
Nebraska—H. B. Cummins, M.D., Seward.
New Jersey—D. P. Borden, M.D., Paterson.
New York—T. D. Adlerman, M.D., 910 St. Johns Place, Brooklyn.
Ohio—J. J. Sutter, M.D., Bluffton.
Oklahoma—E. G. Sharp, M.D., Guthrie.
Pennsylvania—M. V. Hazen, M.D., 211 Locust St., Harrisburg.
South Dakota—W. E. Daniels, M.D., Madison.
Tennessee—J. P. Harvill, M.D., 203 Hitchcock, Nashville.

Texas—H. H. Blankmeyer, M.D., Aransas Pass.
West Virginia—J. A. Monroe, M.D., 2713 Eoff St., Wheeling.
Wyoming—W. A. Wyman, M.D., Cheyenne.
Wisconsin—R. C. Rodecker, M.D., Holcombe.

Moved by Dr. W. E. Kinnett that it be adopted; second by Dr. T. D. Adlerman and carried.

REPORT OF THE COMMITTEE ON RESOLUTIONS.

Resolved, That the National Eclectic Medical Association in session at Detroit, extend our thanks to the management of the Hotel Tuller for the thorough manner in which it has cared for the interests of the convention; also to Parke, Davis & Company for courtesies extended us on Wednesday. We also wish to express our appreciation of the very interesting address by Brig. Gen. Robert E. Noble, of the United States Army, and of Major Franklin Martin, of the National Council of Defense. We also wish to extend our thanks to the Michigan Medical and Surgical Society and the local committee on arrangements for courtesies and hospitable manner in which they have contributed to the pleasure and welfare of the Association during this present meeting. Also we extend our thanks to the press of Detroit for courtesies rendered.

O. S. COFFIN, M.D.,
H. W. POWERS, M.D.,
A. W. HOBBY, M.D.

Moved by Dr. T. D. Adlerman that it be adopted; seconded and carried.

REPORT OF OFFICERS ELECTED AND PLACE OF MEETING.

President—Finley Ellingwood, M.D., Chicago, Ill.
First Vice-President—O. S. Coffin, M.D., Indianapolis, Ind.
Second Vice-President—J. J. Rizk, M.D., Waverly, Neb.
Third Vice-President—D. H. Griffith, M.D., Atlanta, Ga.
Recording Secretary—H. H. Helbing, M.D., St. Louis, Mo.
Corresponding Secretary—W. N. Mundy, M.D., Forest, Ohio.
Treasurer—H. A. Shafor, M.D., Detroit, Mich.
Council on Medical Education—T. D. Adlerman, M.D., Brooklyn, N. Y.; O. S. Coffin, M.D., Indianapolis, Ind.; E. G. Sharp, M.D., Guthrie, Okla.
Next Place of Meeting—Chicago, Ill.

Moved by Dr. W. E. Kinnett that it be adopted; motion seconded and adopted.

The report of the Committee on Credentials was read.

LIIST OF NEW MEMBERS.

Arkansas.

A. R. Hicks, Lonoke.
Geo. L. Sands, Charleston.
C. D. Tibbles, Smithville.

Florida.

Thos. S. Adams, Jasper.
J. E. Abras, Citizens' Bank Bldg., Jacksonville.
F. C. Aurin, Ft. Ogden.
H. P. Boyce, Curry Bldg., Tampa.
M. Baggett, Laurel Hill.
Grady H. Bentley, Lake Worth.
C. P. Bullard, Jasper.

W. P. Bullard, White Springs.
H. B. Brunson, Bonifty.
E. I. Carefoot, 2256 Laura St., Jacksonville.
Geo. H. Carefoot, Worthington Springs.
E. A. Carter, Lake Helen.
B. A. Chapman, Professional Bldg., Jacksonville.
A. J. Coleman, Cottondale.
Jas. E. Crump, Winter Haven.
I. A. Dailey, Micanopy.
C. C. Deal, 907 W. Adams St., Jacksonville.
J. W. Daniel, Malone.
H. M. Dux, Swan and Cantee Sts., Jacksonville.
Chas. T. Dyess, MacClenny.
W. H. Elis, 1806½ Franklin St., Tampa.
F. E. Elmer, Bisbee Bldg., Jacksonville.
C. A. Gavin, Brewster.
J. H. Goggins, New Port Richey.
B. W. Hamrick, Greenville.
B. F. Hamrick, Ebb.
H. S. Hampton, 1805 Florida Ave., Tampa.
J. A. Harper, Crawfordsville.
Eugene S. Hoffman, Orlando.
B. C. Hodges, High Springs.
R. E. Howard, Ft. Lauderdale.
J. R. Hughes, Professional Bldg., Jacksonville.
John C. Hubbard, 1806½ Franklin St., Tampa.
J. H. Harris, Wimauma.
A. J. Johnson, Muscogee.
Arved J. Johnson, Haines City.
Lauren Jones, Daytona Beach.
S. Lambrecht, Greenville.
Wm. L. Lancaster, Trenton.
Sherrod A. Lindsey, Ft. Meade.
W. B. Lingo, Professional Bldg., Jacksonville.
C. F. Lowery, Ponce de Leon.
M. R. Markey, Bronson.
Dan G. Milton, Southport.
Phil E. Milton. Millville.
Jos. P. Mols, Clearwater.
Geo. A. Munch, 1806½ Franklin St., Tampa.
Violet Middlebrooks, St. Petersburg.
N. P. Myers, Florinda.
J. A. McDonald, Century.
Thos. S. McCoy, Parrish.
I. P. Philpot, Belle.
J. M. Philpot, Sparr.
Geo. B. Parramore, Eureka.
J. W. Pennington, Haylow.
Birt B. Reeder, Clarksville.
David E. Saxton, 105 W. Palm Ave., Tampa.
W. F. Shellhorst, Jacksonville.
John B. G. Smith, Zolfo.
W. G. Spires, Darlington.
Gus. O. Spears, Baker.
S. M. Spryszynski, Bradentown.
Jas. A. Steeley, Limestone.
S. S. Sisson, Professional Bldg., Jacksonville.
W. H. Stippich, Y.M.C.A. Bldg., Tampa.
Jerome D. Stuart, Miami.
Nicholas T. Stallworth, Jay.
James N. Simmons, Madison.
W. H. Thomas, Graham.
P. W. Tribble, LaCrosse.
F. P. Trapani, 1806½ Franklin St., Tampa.
C. E. Tumlin, Seville.
Thos. D. Vassar, Branford.
John W. Wade, Westville.
E. Porter Webb, Crestview.
Wm. J. Williams, Ft. White.

Georgia.

C. V. Vanzant, Douglasville.
F. A. Martin, Bowden.
J. W. Fields, Atlanta.
S. R. Harbin, Canton.
J. L. E. Brantley, Atlanta.
J. M. Freeman, Lavonia.
Grace Kirkland, Atlanta.
W. H. Swain, Griffin.

Indiana.

J. L. Odell, Brown's Valley.
James Harvey, 4228 East Michigan Ave., Indianapolis.
Chas. W. Roller, Indianapolis.
Jas. H. Smiley, Indianapolis, Ind.

Kansas.

W. M. Earnest, Washington.
L. M. Towler, El Dorado.
T. W. Shaffer, Salina.

Kentucky.

Reuben C. Burrow, Cunningham.
Chas. J. Kehm, Newport.
G. M. Sauter, Newport.
B. F. Sauter, Newport.
Ed. A. North, Newport.

Michigan.

Hiram R. Thomas, Flint.

Missouri.

W. P. Birney, Center.

Nebraska.

J. M. Packer, Memphis.
V. S. Barkey, Havelock.
P. J. Caruthers, Lincoln.
Clyde Davis, Lincoln.
H. D. Wilmuth, Lincoln.
C. W. Morrow, Hendley.
C. L. Egbert, Hastings.
J. F. Spealman, Lincoln; major in M. R.
E. T. McGuire, Mead.

Ohio.

J. L. Payne, 700 Livingston Bldg., Cincinnati.
Wm. M. Gregory, Berea.
Silas P. Tharpe, 3143 Eastern Ave., Cincinnati.

Oklahoma.

Titus B. Langford, Beggs.
John Charles Babb, Enid.
James Aberdeen Young, Britton.
Ivadell Rogers, Pryor.

Pennsylvania.

Ella N. Ritter, Williamsport.

Texas.

A. B. Couch, Perry.

Tennessee.

H. A. McLaughlin, Memphis.
E. M. Cherry, Big Rock.

REINSTATED MEMBERS.

Arkansas.

W. G. Choate, Tulsa, Okla.
V. E. Duren, Cabot.
Geo. F. Jackson, Little Rock.
M. R. Parks, Formosa.
C. E. Spann, Altheimer.
W. O. Tibbles, Monette.
Jonathan Darraugh, Sugar Grove.
A. W. Berrow, Hot Springs.

California.

A. P. Baird, Los Angeles.
Wm. P. Byron, Lemoore.
Harvey W. Crook, Big Pine.
F. D. Webley, East San Diego.
Annie L. Bond Hughes, Lindsay.
Wm. H. Henderson, Sacramento.

Georgia.

E. V. Ball, Aalanta.
B. F. Akin, Jenkinsburg.
E. L. Daniel, Kirkwood.
J. W. Ragsdale, Stilesboro.
W. H. Quillian, Belton.
Chas. W. Larrabee, Gainesville.

Indiana.

J. G. Ross, Portland.
I. J. Gill, Dugger.
S. O. Barwick, Elkhart.

Idaho.

Houston E. Snyder, Carey.

Kansas.

W. F. Yeomans, Pratt.
F. K. Wilding, Humboldt.
C. I. Welch, Agenda.
Wm. Steinhauser, Hamlin.
Jas. Shaffer, Simpson.
H. G. Schaumloffel, Wichita.
Clement R. Sama, Haven.
Earl R. Nutter, Burr Oak.
J. D. Musick, Eldorado.
R. E. Michener, Mulvane.
G. M. Jacques, Edmond.
P. C. Gress, Atchison.
J. T. Blank, Elk City.
J. A. Archer, Grenola.

Missouri.

Elizabeth Smith, St. Louis.
C. F. Elkins, Gamma.
C. S. Glover, Russellville.
W. E. Aubuchon, Frankclay.

Nebraska.

Geo. H. Wagner, Doniphan.
F. T. Wright, Ceresco.
S. J. Stewart, Hastings.
Chas. A. Rydberg, Litchfield.
P. A. De Ogney, Milford.
W. D. Guttery, Pilger.
E. J. Latta, Lincoln.
C. A. Lutgen, Auburn.
Samuel Metheney, Lincoln.
D. S. Palmer, Holdredge.
J. N. Campbell, Stamford.
O. C. Asa, Ong.
F. M. Andrus, Lincoln.

New York.

Abraham Blaustein, New York City.
A. R. Hill, Interlaken.
M. A. Sturm, New York City.
Nathaniel Shapiro, West Hoboken.

Nevada.

Henry Sprehn, Reno.

Ohio.

Harry W. Behymer, Mt. Washington.
I. M. Shrader, Bowling Green.

Oklahoma.

J. H. Taylor, Perkins.
A. C. Greer, Hochatown.

Pennsylvania.

Geo. T. Sharp, Washington, D. C.
M. A. Kirk, Bellefontaine.
F. E. Rouse, Williamsport.
W. J. Rouse, Williamsport.

South Dakota.

Geo. H. Gulbrandsen, Canton.

Tennessee.

O. C. Godsmark, Chattanooga.

Texas.

P. H. Mitchell, Waxahachie.
G. W. Johnson, San Antonio.
C. L. Hudson, Mart.
J. M. Baker, Haskell.
I. H. Lamar, Texhoma.

Wyoming.

Jay Smith, Glenn Rock.

We recommend their election.

MORSE HARROD, M.D.
J. F. WUIST, M.D.
D. H. GRIFFITH, M.D.
Committee.

Moved by Dr. T. D. Adlerman that the present president of the Association be given authority to hold under investigation any names in the list of new members about which there might be any question, the balance to be elected to membership. Motion second and carried.

Report of the Auditing Committee on the books of the treasurer was then read.

We have also examined the treasurer's report and find it correct, and recommend that bills attached be paid.

B. K. Jones, M.D.,
Geo. C. Porter, M.D.,
J. C. Mitchell, M.D.

Moved by Dr. J. K. Scudder that the report be accepted as read and bills authorized paid. Motion seconded and carried.

Moved by Dr. J. C. Mitchell, Louisville, Ky., that the Committee on Medical Education be empowered to purchase Liberty Bonds with all money collected, excepting $200.00, which shall be allowed to remain in the bank. Motion seconded by Dr. E. G. Sharp.

Dr. J. K. Scudder moved as a substitute that $1,000.00 be invested in United States War Savings Certificates, and that the balance of the money be left in the bank at 2 per cent. interest. Motion seconded by Dr. E. G. Sharp and carried.

Moved by Dr. J. K. Scudder that adjournment take place without installation of officers. Motion seconded by Dr. W. E. Kinnett and carried.

Final adjournment.

ADDRESS.

William P. Best, M.D., Indianapolis, Ind.
President National Eclectic Medical Association.

Let us bow our heads in a moment of silent prayer for the welfare, guidance and success of our Government, Army and Navy and Allies.

Ladies and Gentlemen of the National Eclectic Medical Association:

In addressing the forty-eighth annual convention of this body I am not forgetful that we are at war, that many of our men, fathers, brothers and sons, are in the service of the United States, and that we have much business and a long program ahead.

It is not so much that I may offer you something new for consideration that I address you, but that we may call to mind briefly and emphasize some points more or less manifest to all. Any one topic which has been noted in what is to follow, would in itself furnish thought for a long address, but each will receive but brief mention.

This is a time for us to seriously contemplate the place we have won in the service of the world; it is a time for deep realization of the responsibility

we have voluntarily assumed; it is a time for consecration and dedication anew to the principles which gave this organization birth.

In many respects the original ideas out of which this organization had its birth remain very important ones for profitable contemplation and study, as well as for discussion and development. The principles then laid down are not dead issues, though many have lived and died for them, in that their lives were examples of loyalty to the best interests of human welfare and their accomplishments monuments to their memory.

As much as we enjoy and appreciate the past and what was then achieved, we should come far short of our opportunities if we should dwell in and upon the past alone. Having as a heritage the knowledge and attainments of the past, we shall have failed in our mission if we do not build to and improve upon that which was given us.

It is as essential now as then that we have men of broad minds, wide scope of vision, to unselfishly co-operate to advance our ideals.

Propaganda.

We must keep in mind that the philanthropic propagandist is usually not popular, and that enemies of the advancement of human welfare and enlightenment will not fail to distort and misconstrue his efforts. In other words, medical reformers are not such for popularity, financial gain or world plaudits, but because they believe in the people, whose interests, welfare and protection should and must be first in their minds.

Guided by these facts, may we not well consider some methods of having the people know our principles? Permit me to call your attention to the great need of an organized and effective propaganda that shall have for its chief purpose the above object. We well know what the people of this country, as well as our allies, have suffered from propaganda born of selfish purpose and for the aggrandizement of our common enemy. Shall we demand any more forcible example of our own needs? Let us make honest and beneficial application of this idea and do something to protect the people and their interests, which is our cause. We deserve nothing if we do nothing, and we will get what we deserve if lethargy dominates. In the past this idea has not been encouraged by organized or concerted effort. This requires money, plans and persistent effort. I doubt not we may profit by the examples and experiences of others, whereby a less worthy cause, perhaps, has succeeded. We may legitimately make use of popular magazines, the daily press and any honest and honorable means of appeal. We must be democratic enough to not forget those in whom we are most vitally interested, nor allow the people to rest in fancied security.

Progress.

I may be pardoned for emphasizing the fact that real progress, in any field of endeavor, makes its greatest strides when honest difference of opinion stimulates human effort. This in itself is reason sufficient for our existence as a school of medicine. Nor is it at all probable that honest difference

of opinion will ever be suppressed. It is not the virile nor the aggressive and progressive who anxiously wait for and take advantage of opportunity to drift with the tide. Men who do things, men of real worth, meet and overcome real obstacles; they do not seek lines of least resistance. Their development, character and stability grow only as they meet and overcome the obstructions which lie before them.

Our existence as a system of medical practice is responsible for the beginning of the many recent changes looking to advancement and betterment of medicine. The real pioneers in medical reform stimulated as nothing else ever did a progressive movement. This difference of opinion still exists in many of the phases of medicine. These things being true, shall we stand aside after almost a century of growth and development and conclude that our work is finished? Why should we not proudly maintain as a priceless heritage the principles of medical freedom, thought and research, rather than silently surrender to others—no more American, no more democratic—the privilege of upholding the cause given into our care by those who preceded us?

That a plan of propaganda can be evolved, that means for its successful promulgation can be had, that through such a course our cause—the welfare of humanity—will advance as it should, is but reiterating the opinions of some of our best thinkers. The need is apparent, the time for action is NOW, the opportunity will never be better. Shall we do it?

Co-operation.

Co-operation is not only an advantage to any movement, but necessary to the greatest degree of success. We can hope for partial success only until such a time when our societies, colleges and committees shall become sufficiently interested in the success of all to work in unison.

Ignoring or transgressing the rights of others, either through local influence or personal feeling, will only bring us ruin. Honest dealing and frankness will stimulate our conferences and perfection of plans, keeping at all times the welfare of the cause uppermost. We have no room for anything but harmony.

Colleges.

Every possible encouragement should be given all our teaching institutions which are making honest effort to comply with the standards of up-to-date requirements. There never was a time in the history of medicine when the profession was in such demand. Our college men concede that the more schools we can maintain in a high degree of efficiency, the better for all. The war in which we are now engaged, of necessity, demands the services of increasingly large numbers of professional men in the medical department of the army. This demand calls into the service many of the very best of our men, and the call has been answered loyally by men from all schools of medical practice. These conditions are being reflected to all medical colleges because the output has been greatly lessened in the past decade. A well-equipped and properly maintained Eclectic medical college should exist in

the East, another in the Middle West, one on the Pacific Coast, and one in the South, in each of which districts there are loyal Eclectics, ample material and abundance of room. For obvious reasons we stand in great need of such a constructive policy. Colleges thus located would afford one another much moral support and supply the increasing need for men who know how to practice medicine.

This one need stands out most prominently, and I would urgently recommend serious consideration of ways and means to this end.

Medical Reserve Corps.

There are now 23,000 physicians in the United States Medical Reserve Corps. When we consider that the Regular Army had but 400 physicians when war was declared, it is certainly with pardonable pride that we think of this marvelous development from the ranks of our profession. We are now facing a further demand for 11,000 additional medical officers, 4,000 of whom are wanted to aid the French and British, whose medical department is greatly overrun with work and whose officers are in many instances working eighteen instead of twelve hours in each shift. This again accentuates the additional demand for colleges and prospective medical officers. How many of us will pledge ourselves to pay the tuition for one or more properly qualified medical students, thus aiding our colleges and doing a much needed service to the country? May I not ask serious consideration for this suggestion? We are giving freely for many other war needs; how much are we giving to this, one of our greatest needs?

Inasmuch as every physician, in his practice, must depend upon his own judgment in deciding what remedial measures to apply to any given case of disease, and inasmuch as this is more particularly true of men educated and skilled in any one of the four recognized schools of medical practice, it becomes apparent that the highest interests of the men in the several departments of the United States Army and Navy can be best served by medical officers being permitted to apply remedies in accordance with their education, skill and judgment.

Since this is true, the responsibility of a physician in the service of the government makes it essential that the authorities encourage the best possible service and results by supplying all the agents, medicinal and other, whereby such desirable service may be rendered. It is manifestly unfair to say the least to require all to prescribe from a common stock of drugs and supplies which is limited by the ideas governing any one system of medical practice. According to a recent article in the *New York Medical Record*, by a first lieutenant of the M. R. C., "the surgeon general is issuing a series of war manuals prepared by leaders of the profession. These are to serve as standards of treatment to be used until better methods are from time to time demonstrated. So discipline in purely professional matters has become necessary for the most efficient care of our soldiers." The reason for this standardization of army practice is summed up in a previous statement: "The larger the number of carefully worked-up cases, the more accurate can

be the guide for therapy. But the results can never be classified and interpreted unless the handling of individual cases is as nearly as possible uniform."

This is the same old medical dictum in a new dress. This time it wears the uniform of the army. The treatment is first to be standardized, by what reasoning we are not enlightened, then all cases made to conform to or comply with "standard treatment."

When this state of medical affairs in the army becomes generally known, will not thinking men seriously hesitate to enlist in a service which will demand such a radical change from teaching and a life-time experience in a short time required to train a group of medical officers? This, it seems to us, is a matter for candid consideration and one concerning which we feel justified in recommending some action. I would suggest that a proper committee be authorized to take this matter up with the authorities at Washington.

Finance.

Conditions everywhere are such that we find ourselves confronted with greatly increased expense in every walk of life. To accomplish the same, it costs relatively much more than it did a year ago. Conditions imposed upon physicians are of the same universal character as suffered by all. Increased cost is partly compensated by increase of remuneration, the latter always a poor second in the rapid advance of living expenses. We can not lose sight of the increase of work imposed upon physicians by the small output of the colleges and the large withdrawal of professional men for army services. The work of your officers, while almost wholly without compensation, should at least be compensated for to the extent of actual cost. Most loyally have your editorial and clerical force served this year with little or no compensation. I suggest that in the nature of things this is unjust, and it is to be hoped that ways and means may be provided for at least nominal recompense for work faithfully and loyally done.

Our income from dues showed marked increase from the beginning of our movement of reorganization, reaching the maximum in 1912, since which time there has been gradual decline in the amount, due chiefly to two factors, namely, less new members and large delinquency, the latter being the greater. Before the reorganization we had an annual due of $5.00 per member and an annual income of approximately $1,000.00.

In 1909	the	annual	income	from	dues	was	$1,690;	expenses,	$1,493.
1910	"	"	"	"	"	"	2,334;	"	1,678.
1911	"	"	"	"	"	"	1,835;	"	2,342.
1912	"	"	"	"	"	"	2,474;	"	2,632.
1913	"	"	"	"	"	"	1,901;	"	2,485.
1914	"	"	"	"	"	"	2,131;	"	2,224.
1915	"	"	"	"	"	"	2,189;	"	2,734.
1916	"	"	"	"	"	"	1,789;	"	2,199.
1917	"	"	"	"	"	"	1,258;	"	No Report

Conideration of these figures shows that the maximum expense was reached the year we met in San Francisco, when the expenses were $535 more than next year. This cut the reserve. The total expense for the above series of meetings was $17,797, while the income for the same period, from dues alone, was $16,343, leaving a balance of $1,444, to be made up from income from exhibits and rebates from the income from the splendid management of the QUARTERLY. The working balance, showed in the last report of the treasurer, of $1,157, compares well with the balance reported in 1909, which was $943.00.

The Association work has steadily grown more and more arduous in the last decade. We see more to do and more has been accomplished, more and more of our men have been interested in our work and the cause, but the lack of co-operation has been the great factor preventing a better showing in finance if we should allow ourselves to measure the good done by these figures alone. It is evident that our membership is again decreasing, part of which is to be accounted for by natural causes—age, debility and death—also from decreased college output.

It seems to me that no argument is needed to show that we must devise ways and means of increasing our membership, primarily by securing new members, but hardly less important is the reinstatement of delinquents and reaching some understanding whereby more systematic work will be done to prevent the latter source of loss. The National Association officers, better than any others, realize the importance of co-operation between them and the officers of the state societies. The Committee on Organization, which for many years has been made up of the corresponding secretary and one representative in each state, has been actuated chiefly by the secretary alone, upon whom has fallen all the work thus accomplished.

It has been a practical impossibility to secure the attendance of enough of the state secretaries to make any plans to secure that co-operation essential to the best results with least duplication of effort.

May I not suggest that state societies be urged to elect secretaries who will pledge themselves to attend the national annually, that they may assume their just and important share of the responsibility of systematizing the work, to the end that better results may be secured?

In closing, permit me to take this opportunity to thank this body for its long-continued confidence and the many marks of honor bestowed upon your humble servant in the past decade. While I experience a sense of relief from the duties and work of the official side of the Association, my heart and life will continue with it. I hope to enjoy further and better progress in the welfare and success of this organization and the ideals for which it stands through the efforts of those who from time to time assume the work, and bespeak for them the same loyal support which has characterized my service.

I am particularly under obligations to each individual official for his whole-hearted and untiring support during the past year. Allow me to thank them for the loyal co-operation they have given. It is to them, and the un-

tiring efforts of the Committee on Entertainment, that the thanks of this body is due for whatever degree of success this meeting enjoys.

The section officers and membership have made possible the splendid program which now commands your attention. To them we owe our thanks for their unselfish devotion and aid.

AN ADDRESS.*

JOHN URI LLOYD, PHAR.M., CINCINNATI, OHIO.

Mr. Chairman and Friends:—Nothing have I prepared to offer as an address. Months ago I started to write one on a very vital subject, but when nearly through came the crash of this war. Then I shoved the paper back on my desk, because I felt, as I know you also do, that these be not times for studied formality, made under the cold touch of a laboratory in which my life is spent. Let me informally speak that which comes now, touching perhaps some phases spoken before, but of necessity not until now systematically formulated.

It has been said that if there be any inflexible law, it is the law of exceptions. Should a man lay down a rule to follow through life, he will find, if he lives long enough, that there comes a time that there must be an exception to previous idealistic processes of reasoning, and, necessarily, if he be yet elastic in thought, change in action follows.

Let me take as my text, the expected (as our people see therapeutic problems) has unexpectedly (as some others view them) happened.

Listen! Thirty-five years ago it was proposed to introduce a pharmacy law in the state of Ohio. A few pharmacists—in Cincinnati, Dr. Greve, a member of our society, and myself—probably first foresaw the wrong the pharmacy law, as introduced, would do both to the cause of the people and of pharmacy. As we looked upon it, pharmacy laws, if instituted, should be designed not to help the colleges alone, but primarily, continuously, and eventually, the people. Many times did we go to Columbus and endeavor, by the aid of the united pharmacists of Ohio, to get what we believed to be a fair pharmacy law, designed to care for the people as well as for the college interests. And we succeeded. The argument made was simply a statement of fact to the following effect:

If the proposed draft is passed, as presented, and becomes now a law in Ohio, there will be few pharmacists left excepting in the large cities, and the majority of these will be put out of commission. Very few pharmacists have college of pharmacy diplomas; comparatively few can leave their places of business now to attend college. Not a doctor in the State of Ohio, if this law passes as introduced, will be permitted to supply medicines to the people. Not a crossroads general store or grocery can carry such simples as copperas,

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*Delivered informally at the meeting of the National Eclectic Medical Association, Detroit, Mich., June, 1918.

or bluestone, or castor oil, or Epsom salts; indeed, general chemicals used as dyestuffs.

We insisted that we not only favored regulation of pharmacy where ignorant or harmful processes might work to the people's injury, but believed in the utmost practical education for pharmacists.

We began our argument as a minority, which in the end became a majority, both with pharmacists and our lawmakers. The law, as passed, was at that date a balanced law that, based upon the then present conditions, favored progress.

A few of us foresaw the future—all knew the present. The future was theoretical—the present a fact. By dwelling upon possibilities based upon the present, we were able to indicate the probable future.

One of our amendments was to the effect that a person not a pharmacist might properly own a drug store, and, under balanced restrictions by a state pharmacy board, employ competent pharmacists. Just then a forceful example pended as a text. A prominent pharmacist in Cincinnati (K. B. Ashfield) died and left his two stores in the hands of his widow. Under the law introduced by the College of Pharmacy, she would be compelled at once to close the doors of those two establishments or sacrifice her heritage. The law-makers saw the force of our argument.

As is the case when a person attempts to stem ultra-enthusiastic effort, especially when personal interests are concerned, we had to meet the charge that we were opposed to higher college education. This was an error, because the prime mover, Dr. Greve, was a long-standing trustee of the College of Pharmacy, and I occupied the chair of pharmacy. With few exceptions, the college trustees and professors finally became our allies. We were all in favor of education, but yet argued that the colleges of pharmacy (university departments of pharmacy had not yet come into their responsibility) could gradually bring the entire practice of pharmacy into the hands of parties professionally educated and qualified. We counseled balanced effort that would bridge the present, and in the end would prove effective in all possible educational pharmaceutical directions.

Now to the application of this old-time text. Medicine is in some regards in the position pharmacy occupied forty years ago. The lawmaker is besought to care for all concerned—colleges, universities, above all, *the people*. Let us not underrate their responsibility. Let us not shrink from our own responsibilities.

It is often difficult for persons concerned in purely academic phases of education to distinguish between idealistic aims and practical results. Nor is it possible for an enthusiastic member of a dominant party to justify the opinions of a minority. Let me give an example:

Five years or more ago it was my privilege to sit by the side of a man known as a great educator in medicine. This man stood second to none in this country in his earnest belief in the *immediate* application of idealistic "higher medical education." He was honest, energetic and self-sacrificing. He believed every word he said. In the discussion that occurred, I spoke as

candidly on therapeutic processes as I had thirty years before to the Ohio legislature on pharmacy problems. Said I concerning enforced "higher" medical education: "If you keep on with what you denominate higher medical education, and enforce restrictive laws to the limit, you will reap the opposite of your ideals. Not only will you fail to accomplish for the people, but I fear will put the medication of this country into the hands of the so-called *patent medicine men.* I am an enthusiastic believer in university education as regards exact sciences and fundamentals, but I am not a believer in indiscreet processes that, unwisely applied, limit or disturb the country's opportunities and prohibit freedom in thought."

"What do you mean, Mr. Lloyd?" he asked.

I replied: "All the university departments in medicine of this country can not, under the proposed plan, replace physicians who annually die. Nor are there applicants now ready to take the proposed courses. In my judgment, those who graduate under the proposed plan will have advanced opportunities as specialists, but this very fact will lead them to locate as specialists in our cities. If this surmise is proven correct, I would ask, where will rise the physician to care for the sparsely-settled desert or mountain? In my opinion, a loved one in a hamlet on the desert is as precious as he who lives in a palace. To provide self-sacrificing physicians in sparsely-settled locations is as much a charge of our lawmakers as to care for him living in a palace. No law should be either instituted or enforced that does not care for both, if it cares for one.

"As an example, I have in mind a location in Kentucky where a father put his all into the physician schooling of a boy, according to this extended education scheme. He graduated with honor, and we are all proud of him. Did this boy go back to his crossroads home in Kentucky to practice medicine? No, he became a specialist in a great city. Six years of time had been spent as well as his father's fortune. He could not afford to go back to the limited field of the crossroads, where patients afflicted in the direction of his specialty were as scarce as odd rows of corn on the cob.

"In the furtherance of your worthy aim, denominated 'Higher Medical Education,' you should comprehend that during the transitory interval the supply of physicians must be maintained, not in the cities alone, *but in the whole country.* May I not ask you to permit me to use the term 'balanced medical education' or 'advanced medical education' instead of 'higher medical education?' Is there any education *higher* in its sacrifices for humanity than that of the self-sacrificing physician of the olden time, qualified to the limit in general practice?"

This was his answer: "Mr. Lloyd, if we can not have a doctor of the highest qualifications at the crossroads, I believe they should have no doctor at all."

"This view I consider almost criminal," was my reply. "Listen! My family physician, Dr. R. L. Thomas, who followed in my family Dr. Locke, I consider, as a family physician, second to no graduate who has passed this 'higher' education program. When he visits a loved one sick at my home,

I have all the confidence in his care and his advice that I would have in anyone. He spent two years in a medical college that believes in therapeutic action of properly selected remedies, and went immediately into active practice. But, previously, he had two years under a qualified preceptor, versed in directions that make the practice of medicine a successful family practice, and he has now over thirty years of subsequent experience. He knows how to treat disease, he understands materia medica, and he is competent to judge as to when an ailment needs a specialist. And yet your view concerning the term 'highest' would discredit such men as these.

"Listen! We have already many advanced university specialists in surgery, in microscopy, in involved diagnoses, and in other sections. As a rule, they are located in cities, or in hospitals and sanitariums. Everyone is proud of them. A wonderful opportunity for such phases of education does a university offer. The family physician does not pretend to be ultra-expert in all such specialties. The great province of the university that we all uphold is (or should be) to extend the field of exact knowledge, to teach applied fact, to permit of independent thought concerning therapeutic opinions, and to serve humanity.

"Let me now tell you what unbalanced processes, idealistic to the degree in an academic sense, will, in my opinion, accomplish. Before comes a supply of physicians for America under proposed processes, *famine* in physicians must occur. As a result, *the country will be turned over to the cults, and our people medicated by the patent medicine advertisers.* And, in my opinion, there will be no freer supporter of excruciatingly long and expensive medical courses than the so-called patent medicine man. Why should not this be the case? Every section of the country that, by restrictive processes, has no physician, is naturally turned over to almanac and advertising literature. Is it not to the interest of the home-cure *business* that there should be no doctors?"

This ended our discussion, which was not personal, but yet intensely earnest. I accepted his sincerity in behalf of medical advancement, but did not believe in his methods of procedure. In my opinion, he accepted that I believed in unwarranted conclusions, which he surely considered erratic—"irregular."

Behold! The apprehended crisis came upon us. One by one, during recent years, the all-sufficient doctor, the faithful family physician of the olden time, has been passing away. Too often, no man is there to take his place. Standard medical colleges, the outcome of a century's effort, colleges that graduated the teachers of today in both college and family practice, and that, were they still in existence, would be feeders of the university advanced special students, have, under methods rashly (unwisely) adopted, one by one closed their doors. Only a few are left. The Medical College of Ohio (Cincinnati) is closed. The Miami Medical College is closed. They have given their honored names to the University of Cincinnati. The College of Medicine and Surgery and the several other colleges of medicine in Cincinnati, excepting the Eclectic, all are closed. Seven Cincinnati medical

colleges have gone out. Surely they were not all unworthy. Excepting the University Medical College, which we all honor, only the Eclectic Medical College is left. Is such as this not the record of the whole country? Need one have been a prophet, or the son of a prophet, to foresee that the extinction of these institutions, without replacement, would breed a physician famine?

Comes now, at this inopportune time, an unexpected event—the world's war. As in a night comes the needs of the government—both army and navy must have doctors. It is an opportunity to serve our country, to care for our boys in France and England and Italy. Every physician recognized by the state licensing boards is eligible to position. But one may ask, Who (what) is to take the place of physicians taken from our already famine-stricken country?

Think you that the family near that crossroads needs no longer a doctor, Think you that the families on the plains of the West, where for fifty miles around, perhaps a greater distance, there is now no physician, need no doctor? Think you that in the little home on the mountain side no doctor is now needed?

Surely our educators and lawmakers will arise to this emergency. The care of the American home is a necessity. I bespeak not any relinquishment in university education—rather its *enlargement*. The term *university* permits not the thought *restriction*. I ask no open door for colleges to turn out either the ignorant or the charlatan. The term *college* prohibits such a definition.

In my opinion, this problem should be met. Under a balanced system of medical education the family physician will again come into his own. The family doctor, who we all admit has done such a great work in his self-sacrificing calling, is surely not destined to become extinct.

And now comes an emergency thought. Doctor Best spoke about unscrupulous, dishonest and unfair persons not being members of our society. I would like to suggest that a new phase of society life now confronts every American organization. We not only want to keep our skirts clean as far as our members' professional action is concerned, but the patriotism of our members as well. In its effort to protect us all, the government is meeting a world of trouble. Every society is meeting this problem, and we, too, may have it.

I would, therefore, strongly urge that at the present meeting a committee be appointed to consider the loyalty, or rather disloyalty methods, of any doubtful member of our association, if any such there be. If it is established that in our ranks a disloyal member stands, a man not a true American, he should be expelled from the society. (Applause.) And there ought to be an opportunity of expelling him before comes an annual meeting. Possibly a resolution giving council, after due investigation, the right to expel such persons openly and publicly in the society's name, stating why the action is taken, is in order. May I not suggest that Doctor Adlerman be made chairman of that committee, if he will serve?

CALCIUM CHLORIDE AND ITS GREAT VALUE AS A DIETETIC AND REMEDIAL AGENT IN HEALTH AND DISEASE.*

J. Leupke, M.D., Hanover, Wis.

I have here a small bottle in my hand; it contains an aqueous fluid. I use of it t.i.d. at breakfast, dinner and supper. It stands next to the salt cellar, mustard dish, vinegar and oil flasks. Putting your tongue to it, you will notice a slightly bitter taste, though not unpleasant.

Of this fluid I add 3i to my coffee in the morning, to my soup at noon, and to tea or soft drinks at night, and must say that since I am doing this I feel much healthier and stronger than ever before. [I want to remark that since February, 1918, I was suffering from a severe bronchitis with abscess formation, which, by an X-ray examination, erroneously was called pulmonary tuberculosis (see the picture), but I am still living and in good health.]

What a wonderful medicine is that? I hear you ask. Is it really good? What's the name and price per bottle, and where could it be bought and obtained?

Probably you will be somewhat disappointed hearing my explanation. This bottle contains nothing but chalk in solution, common, ordinary chalk, but not the carbonate; it is the chloride; or, more precisely, accurately and chemically expressed, pure crystallized chloride of calcium (not calx. chlorata), dissolved in aqua destillata.

Chalk occurs in nature in many variations and chemical affinities. We find it in the soil and in plants, in limestone ($CaCO_3$) and marble as carbonate, in gypsum ($CaSO_4$) as sulphate, and in glass as fluoride (CaF_2). The main substance of bones consists of chalk, also of the shells of eggs, oysters and snails.

The great value of chalk is readily recognized when we would consider for an instance its relationship to human physiology. Besides other mineral salts (as NaCl, commonly known as table salt) and H_2O, albumen, carbohydrates, glycogen, etc., which we use for our nourishment, the chlorides and phosphates of calcium rank first, for not only the osseous system and its appendages, but also heart, lungs, kidneys, liver and the nervous apparatus must have a certain percentage of chalk (calcium salts) to render them more efficient and to regulate their actions.

1. The question then presents itself: Do we take ourselves and give our patients enough $CaCl_2$, even as much as we need, in order to build up and strengthen the body and its organs, to supply waste, to ward off disease, and to promote and induce metabolism and regeneration? For an illustration: Think of a so-called substantial American dinner, consisting of the following courses: a savory bouillon as appetizer, roast beef with potatoes and vegetables, as peas and beans, finished up with a pudding and fruit sauce as a dessert. Though nourishing and satisfying this is deemed for the average person, nevertheless it is deficient, yea, entirely insufficient, con-

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sidering the want and sometimes craving of the human system for chalk and other calcium salts. The bouillon is nearly blank of it, if you do not add carrots, celery, cabbage or kale and prepare it as a vegetable soup. Next, for the beef or veal roast, I would substitute a dish of those internal organs which contain more calcium salts than striated muscular fiber, viz., fried liver and scalloped brain, stewed lungs, pickled kidneys and heart, all of which have been almost entirely banished from the American table; or, if it must absolutely be a roast, why not give spinach or cabbage instead of peas and beans, though nourishing the latter may be? As to the pudding and fruit sauce, and also to drinks and beverages, as coffee, tea, milk, bevo and soft and effervescent drinks (seltzer), also the so-called "alkaline" waters, it would take almost ten quarts of the latter a day to supply the body with a sufficient amount of calcium salts! And that would either mean to eat more of those vegetables and thereby overload the intestinal system with refuse matter, or to drink more of alkaline waters than it were wholesome, or place such dishes as spinach, calf's brain, hash of lungs, etc., t.i.d., without any changes upon the bill of fare, which would also have quite unpleasant consequences.

2. But, before you allow me to show how this could be remedied, *i. e.,* how we could *meet* the want of human nature in a more convenient way, let us have a few illustrations from the animal world and draw *comparisons* to prove our statement.

(a) In Alpine countries there is a condition among flocks of sheep known as salt-hunger. Grazing upon remote mountainous pastures, the animals sometimes do not get enough salt for many days, and in their mad craving they attack most anything having a salty taste. There, to many a mountain climber, it has happened that such crazy sheep eagerly began to lick at his sweat-soaked clothing, yea, that they pressed him hard and pushed him over the mountain side into the yawning abyss.

(b) A similar strange condition, known as chalk-hunger, is observed in many animals. Yet it is not so strange, after all; on the contrary, it is but a natural instinct. Calves and other animals which do not get a sufficient amount of chalk with their food begin to gnaw at the mortar covering the walls. Sheep even tear out the wool, which is rich in calcium, of their fellow-sheep; chickens pick each others' feathers and devour them, except we do not supply their wants and give them and other egg-producing fowl, also canary birds, some chalky material as mortar, oyster- and egg-shells. For the same purpose we feed bones to dogs, which means not only to keep their *teeth* in a good condition, but also to improve their nutrition through the administration of calcium in bones, which produces a free flow of saliva and gastric juice and promotes appetite and digestion. Were we to withdraw this chalk diet, no secretion of gastric juice would take place, the dog would lose his appetite, the hair lose its gloss and fall out, and his health would be impaired; yes, entirely fail.

(c) A renowned German scientist once tried the following experiment; he wanted to ascertain what effect chalk-free food would have upon the

osseous system of a hen. He gave her exclusively barley and potatoes, which, as you know, contain very little chalk. To his great surprise he found that the hen laid addle eggs (*i. e.,* without shell) and soon stopped laying altogether. Had she, like another hen which was fed exactly the same way but with the addition of chalk, received some crushed oyster shells or mortar, she would have continued her profitable business every other day. Thus, also, the food of man may be so poor in calcium salts that he, by instinct, will bite at chalk wherever he can find it, even at his finger nails. One often beholds children gnaw at chalk, which generally passes unnoticed, as children often do *other* awkward and uncommon things. Repeatedly I have seen boys scratch off and eat morsels of a newly calsomined wall and was assured by them, "It tastes *very* good."

3. All these instances prove that an adult must see to it that his body receives as much chalk as it actually requires. Not that without it general health would fail right away, but the body will become less efficient for work and less resisting and enduring; in all, life will be shortened. A person taking much nitrogenous food which is poor and deficient of calcium salts, looks pale, tires easily and is soon worn out.

(a) Of the greatest importance is a calcium diet for *nursing* mothers. If they observe a diet in *that* direction, they would not need to draw from the calcium supply of their bones and teeth in order to nourish the infant, which needs a great amount of calcium phosphates and chlorides for the structure and the development of its bones, nerves, and all the other tissues and organs. Young women would often be spared so many bad sequelæ of motherhood, which are the result of a lack of calcium diet (invariably such women will suffer from flat foot and deformities of the spine, which I found to be sure indicators of internal derangements); and in children would not be found so much rachitis, or even the dreaded mollities ossium.

(b) To make a long story short, we must regularly add calcium salts (I give the chloride the preference for obvious reasons) to our meals as we do ordinary table salts. The easiest way to do this is to prepare a bottle of a solution of calcium chloride and have it ready at your meals, after the following prescription: ℞ Take gm. 100 of crystallized $CaCl_2$ and dissolve this quantity in Oi of aqua destillata. Of this solution, add ʒi, t.i.d., to your food. One bottle of this solution will last about three to four weeks.

As I mentioned before, this solution has a somewhat bitter taste, which will only be slightly detected in sweetened coffee, in café mélange and warm milk, and hardly noticed in gruels, soups and beverages, while it rather improves the taste of cocoa.

(c) I would like to remark here that warm milk curdles when calcium chloride is added. This is easily obviated by the addition of a very small quantity of lime water; or, if anyone should not like *that,* it's best to let the milk (or café mélange) cool off or be *satisfied,* as an authority on hygiene and dietetics once said: "As milk, under the influence of gastric juice, will curdle in the stomach anyway, it might as well curdle before it gets there and be taken that way." Another, for *many stout* people undesired effect of cal-

cium diet is that it increases the weight of the body very rapidly. The probable cause of this may be that the intestinal glands become more efficient in their actions and, therefore, make a better use of the "boli" of food passing through the canal. To counteract this I would advise instead of *eliminating* the calcium supply from the diet to eat more *sparingly*. It is an established fact that we eat altogether more than is necessary, even on wheatless and meatless days, much more than we really need, and there is more sickness caused by supernutrition than by subnutrition.

If we add $CaCl_2$ to our diet in the above-described manner and thus give to our body all that it needs for its reconstruction, all our intestinal organs, especially kidneys and heart, become more proficient in their work.

It has been proven abroad that a full-grown person can live a whole day and longer on three teaspoonfuls of calcium chloride in solution embodied to a cup of milk or a piece of bread (calcium bread), without any other nourishment and without noticing the least exhaustion. (Experiments to that extent have been conducted in different units of the German army in their maneuvers before the war.) This is of the greatest therapeutical value, as an increased supply of chalk to the body not only enables it better to resist the inroads of disease, but actually realizes cures.

4. *The Therapeutical Value of Calcium Chloride.*

(a) There is a certain town in Bohemia where the principal industry consists in the manufacture of lime. In a place about five miles from it, inhabitants follow *entirely different occupations*. It was observed that in the *former* place only half as many died of consumption as in the latter. Late biochemical researches have laid the reasons of this to the presence of $CaCl_2$ as a *most important factor* in the metabolic changes within the body; those lime burners inhaled so much $CaCl_2$ in their work that the lungs, which, as we know, contain and need more calcium salts in proportion than other organs, become more resistant to the inroads of tubercle bacilli than with such people that did not have this advantage.

(b) In a manufacturing plant of plaster casts for which the sulphate of calcium is used, there were four hundred people employed for seventeen years and more, and none of them has ever been known to suffer from tuberculosis; all these men were unknowingly made immune against it.

Here we may mention that in olden times it is said to have been customary to employ pulverized egg shells as a universal domestic panacea (or preventative) against infantile convulsions, as well as in pulmonary hemorrhages—a remedy which, like so many other popular drugs, has been sneered at before, is now regarded with respect by *modern* medical science.

(c) Extracts from J. V. Shoemaker's *Materia Medica*, page 294:

"Calcium chloride (not calx. chlorata) is given, well diluted, in glandular enlargements, and is said to be curative in eczema and lupus; it is claimed that *it aids cicatrization* in *tubercular ulcerations*, and is useful in chorea and colliquative diarrheas in strumous children. Calcium chloride allays vomiting produced by the presence of the sarcinæ ventriculi.

"Dr. Crombie, of the East Indian medical service, has found calcium chloride efficacious in the treatment of boils, carbuncles and pneumonia. Dr.

A. E. Wright has ascertained by experiment that the addition of $CaCl_2$ to blood renders coagulation more rapid. He has given the salt internally, with advantage, in a case of hemophilia, and suggests that it will prove useful in the treatment of internal hemorrhage and aneurism. He has known it to arrest an obstinately recurring epistaxis and a severe hemoptysis. In a case of hematemesis and gastro-intestinal hemorrhage in a child four days old, Dr. L. A. Perry, according to the *Lancet*, London, July 16, 1898, gave frequent doses of five grains (or 0.32 gm.) of $CaCl_2$ every hour during the day and every two hours at night. The child took 160 grains (or 10.35 gm.) in three days, when the medicine was discontinued, because bleeding had ceased for twenty-four hours. In cases of hemophilia, requiring surgical operation, great advantage has been observed from the administration (per orem and subderma) of $CaCl_2$ for a few days previous to the operation, reducing the bleeding.

"Dr. S. Solis-Cohen (Paris) prefers the calcium chloride to any other drug in the treatment of hemoptysis, administering it in doses of 10 to 15 grains (or 0.65 to 1 gm.) every second hour, in glycerine, simple elixir and water, or infusion of gentian.

"Dr. Saundby has employed the same salt with success in purpura hemorrhagica, administering 6 grains (or 0.38 gm.) every two hours during the day. Sir J. Sawyer has employed the chloride in chronic pulmonary tuberculosis with good results, and states that in addition to its *other* advantages it will often suppress night sweats. Both the chloride and the carbonate have been serviceably given in order to restrain hemorrhage caused by a fibroid tumor and to check menorrhagia."

So far for the quotations from Shoemaker's *Materia Medica and Therapeutics.*

(d) As you know from your own pathological observations, from diagnostic signs and even from postmortem evidence, restitution of tubercular and ulcerative lung tissue takes place through a certain process of nature which tries to wall off the diseased parts and surround them with a fibrinous layer of connective tissue. The latter is richly saturated with calcium salts, which may be seen with the naked eye as whitish or grayish dots.

Various continental physicians record cases where astonishing results were obtained through hypodermic or subpleural application and the administration "per orem" of the calcium chloride solutions, mainly in cases of pulmonary tuberculosis; in most, especially the incipient cases, fibrosis set in and cicatrization of tubercular ulcerations took place, as it was revealed by a postmortem upon two of them, who later on came to their death by accident in the same hospital. But also in gout, hay fever and typhus the therapeutical influence of $CaCl_2$ was remarkable. Hay fever patients and those tormented by a chronic rhinitis, after a treatment with $CaCl_2$ for several months, were entirely free from their trouble the following summer. But it will seem as if a still *more prolonged* calcium treatment in such cases were essential.

(e) The pronounced influence of this drug on *fractures* is very interesting. Two German physicians watched a hen which had accidentally broken her leg. The fracture was cured in due time, but during the time of recovery she laid only addle or wind eggs; the chalk in her food was used

up to form the callous portion and to reconstruct the broken bone, thereby leaving nothing for the formation of egg shells.

Doctors abroad have, therefore, commenced to prescribe calcium chloride freely in any fractures in order to hasten the process of reconstruction. In Munich, a biscuit is baked for the hospitals, which offers calcium chloride in a palatable form to patients. This calcium biscuit contains about seven times as much calcium chloride in proportion than ordinary Bohemia rye bread. The bakers add a certain solution of $CaCl_2$ to their dough which does not change the taste of the bread in the least nor advance the price. Aside of the hospitals, such biscuits are now served, upon special demand, in many private families at breakfast, at Munich as well as in other large cities. I have eaten them also at Berlin and found them palatable and wholesome.

(f) Remarkable experiments have been made with this salt in agricultural lines abroad. When added to the feed of domestic animals, the results obtained were not only stronger cattle and fatter pork, but also an increase in the production of their offspring and in the quantity of milk.

When used as a fertilizer, a *poor* soil, after being treated with $CaCl_2$, will yield better crops and more valuable clover, grass and feed for the stock than ever before. For instance, horse breeders of the province of Hanover, a soil which is lacking in calcium salts, send their young steed further north to Meklenburg, known to be rich in limestone, and, after a year's pasturing, get them back beautifully developed.

A wealthy manufacturer gave his pet dog, a Scotch terrier, which suffered from rachitis for several months, the same large amount of $CaCl_2$ which would be sufficient for a grown person. To his great surprise, this dog, when entered upon an exhibition, was marked as A 1 and received the first prize.

Children really could be spared from rickets and tuberculous lesions of the bony structures and its dreaded sequelæ, too numerous to mention, if to their and their parents' daily meals some $CaCl_2$ biscuits would be added and a habit were formed to use them right from the start throughout life.

(g) The question might now arise, "Would not a dietetic treatment with calcium chloride promote or aggravate the condition known as arteriosclerosis?" This can most decidedly be denied. Without going into details as to causes or symptoms, arteriosclerosis may be defined as an inflammatory condition of the arterial system. There is a remarkable sclerotic or thickening condition of the vessel walls—due to what? To fibrous overgrowth and to calcareous deposits. At first the vessels become dilated, but to quote Butler, "In order to lessen the abnormally large caliber of the vessel and to restore the normal velocity of the blood stream, the intima thickens, practically a compensatory process!"*

* Prof. Rolla L. Thomas, Cincinnati, defines arteriosclerosis as an inflammatory and degenerative condition of the arterial system, primarily of the intima, although later degenerative changes may involve the whole structure. Calcarine deposits are quite common; while our Allopathic friends have accepted the theory of Dr. Glenworth R. Butler, Brooklyn, N. Y., who defines it in his "Diag-

Could this condition then be called a disease or a process of degeneration and destructive metabolism in the light of recent researches? Wouldn't you rather accept my theory that such a condition represents and expresses the last extreme efforts of nature itself in a given case to brace and strengthen the weakened vascular walls through a stronger lining and fibrinous and calcareous deposit, and thereby at last try to render them again resistant and active? The calcareous and fibrinous material for rebuilding the arterial walls, nature takes from osseous structures, if not a sufficient amount of it is replaced "per orem." *In fact, instead of an aggravation of symptoms, a marked improvement was noted with patients suffering with arteriosclerosis as soon as they commenced to observe a proper $CaCl_2$ regimen in their diet.* In a healthy individual such a diet acts as a preventative against arteriosclerosis, because it keeps the vascular system and arterial walls, as well as all other organs, in a normal and most efficient condition.

Conclusion.—It is, therefore, evident that ordinary chalk, and especially the chloride of calcium, possesses virtues which most of us may not have dreamed of before; furthermore, that it may be employed in many ailments, including tubercular, strumous and atrophic conditions, with much better advantage and hope for success than many other standard drugs, and that we should not hesitate to restore this old chemical principle to that prominent place in our pharmacopeia for which originally it has been given us by nature, viz., as a valuable dietetic and therapeutic agent.

SANE OR INSANE?

THEODORE DAVIS ADLERMAN, M.D., BROOKLYN, N. Y.

The first question that arises in the mind of any alienist, when examining a supposedly insane person, is, Is the patient sane or insane? The question is a very important one, as no matter what the final decision may be, no matter what the final diagnosis may be, an injustice, followed by very grave consequences, may be done either to the patient or to the public at large. To declare an insane individual sane and let him loose, perhaps to harm those around him, is just as wrong as to commit a sane individual, who is temporarily suffering from some slight, never serious, nervous breakdown.

It stands to reason, therefore, that the examination of any supposedly insane person should be performed with care and precision, which should leave no doubt whatsoever as to the real condition of the case examined. A properly conducted lunacy examination requires prolonged observation and laboratory investigation before an intelligent opinion can be rendered.

It is my habit, first of all, to ascertain from either the immediate family or from those surrounding the case, about the habits and general mental

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nostics" as an inflammatory and degenerative disease of the vascular system, usually involving the arteries (as real arteriosclerosis), sometimes the capillaries as well (as arterio-capillary-sclerosis); seldom the veins (as phlebosclerosis), or all three (as angiosclerosis).

condition of the patient, his family history, his physical appearance prior to the supposed breakdown, as well as the peculiar manner in which, in their opinion, the patient departed from his or her usual normal standard. In obtaining the family history of the patient I exercise great care, looking from all sides for mental as well as for nervous diseases in both the paternal and maternal sides of the family.

I want to impress here the absolute necessity of studying the entire life of each case, and such examination must include his or her antecedents, as well as his or her personal physical history. How easy it is to make mistakes can be well borne in mind, and is borne out by facts, that persons have been adjudged insane when they were really suffering from a delirium, due to Bright's disease, or a delirium which is often met with in apoplectiform conditions of the brain.

Think of the grave injustice done to the poor, suffering patient, and think of the consequences therefrom. I have seen cases of ordinary psychic storms of depression, which arise in the life of an individual who works hard and who does his work well with all his soul—I have seen them adjudged insane! Lack of training in mental diseases has permitted many insane person to be at large, and has deprived many of their freedom, whose cases are nervous and purely medical.

I first investigate the physical condition of each case, and I do it with great care. Ascertain the condition of the circulation, general nutrition. Find out if there is any atrophy or hypertrophy? Are there any choreiform movements, any tremors, any other stigmata of degeneration, any skin eruptions, any motor paralysis, any emaciation? I examine lungs, heart, blood pressure, condition of digestive organs, kidneys and abdominal viscera, temperature, reflexes, pupillary and tendon. I am careful to find out as to the patient's sleep. Particular attention is then paid to the patient's speech, to the mode of his speech, his facial expression, whether it is apathetic, frightened or restless. The special cranial nerves then receive our attention. I try and determine the presence or absence of hemianopsia. Is there also any anesthesia or hyperesthesia or paresthesia present, and if so, where?

By conversation with the patient we are able to determine if the memory has failed for the past or recent years, and here I may say that with the different questions, at the same time, we begin to study the individual's orientation. We try and establish the fact beyond any doubt whatsoever, whether incoherence and mental confusion exists, which also helps us to establish the presence of hallucinations, delusions or exaltations. We test his memory by all sorts of questions, dealing with his past life, manhood, childhood or womanhood; present surroundings, histories, business life, etc., and we thus determine the condition of memory in each and every case.

These particular tests are very important, as you probably know that defects in memory are found in paresis, while in senile dementia there is always a lack of memory for recent events, while the memory for old events is fairly well preserved. There are also certain forms of insanity in which the patient, having no memory for certain past events, will try and fill the

gaps of memory with the most remarkable fabrications. This we find very often in some of the paranoid insanities, as well as in certain of the Korsakoff psychoses. It requires time and considerable tact, as well as patience, to bring out the above-mentioned conditions.

Of the different tests for the intelligence of the patient, each examiner has his own particular favorite methods, and, therefore, no general rules for such tests can be laid down. A great favorite with me is the word association test of Jung, as it not only helps to establish the condition of intelligence of your case, but also shows you to a certain degree his emotional inner complexes.

I do not remember now who it was, the detestable pessimist, Shopenhauer, or the great poet, Shakespeare, who once defined insanity as a long dream, and a dream as a brief insanity. There is certainly a great deal of truth in this assertion, as there is in both mental troubles and in dreams a prominence of visual or auditory hallucinations, chaotic flight of ideas, weakened judgment; hence the importance of this particular investigation in examinations of the insane.

The real importance of this will be better understood when I mention the fact that in some cases insanity manifests itself first in dreams. In alcoholics, for example, dreams will foreshadow the peculiar alcoholic delusions of infidelity, while in psychasthenia dreams will induce the imperative ideas.

Very often we are able to form opinions about a person's sanity or insanity by what he does, what he says, what he writes, by his looks and general appearance. We meet cases that look troubled, morose, sad and gloomy, which may indicate melancholia; or, again, we see the boisterous kind, the gay hilarity of paralytic dementia, cases which show distinctly the peculiar condition of the patient. But not all cases are that way, and it is these other cases that require a careful, minute examination. It is always important, if possible, to discover delusions in your case, as delusions indicate a stage of insanity. The great difficulties presented in these cases, when there are no delusions, but where the entire conduct of the patient is one great delusion; and, even if there are no delusions at all, where a closer examination will reveal some mental defect.

The very hard and trying cases are those where the patient, either from experience or from hints and advice received from relatives or friends, will try and hide his or her delusions, or will tell you that he had delusions before; that he knows they were delusions, but that he has none at present. We meet these cases especially in examining patients who are about to be discharged from some institution or other, or whose friends or relatives for some reason or another have applied to the courts to have them declared sane. Persistency in examining these different cases will reveal the defects of the patient's mentality sooner or later. I well remember a case that I examined in a state institution some time ago by order of the court. The patient's lawyer and husband told me before the examination that she, the patient, was well, oh yes, perfectly well. Yes, they saw her yesterday and

told her that I was coming the next day. During the examination, the patient, as I could well see, was very careful in her behavior and in her answers. No, she had no delusions whatever, her memory was fair. Yes, she knew she was foolish, she said, when she thought that her food was poisoned, etc. I could not find any fault with her answers, and the only thing that compelled me to persist with my questions was the peculiar way in which she would look over her shoulder every once in a while. Suddenly I jumped up, and, pointing my finger, I exclaimed: "There they are, right behind you; look out." The answer was what I expected: "Yes, yes, they are always watching me; they are constantly behind my bed they come through the walls and they whisper they are after me," and so on and on. Her guard and instructions she received the day before from her husband were forgotten. She rambled on, and I, of course, did not recommend to the court that she be discharged, as it would have been a crime to have a woman like that at large.

From considering the cases which try to hide their insanity, we are obliged to mention here the cases who simulate or feign insanity. As you all know, insanity is at times feigned, especially by those charged with crime, or those who have been convicted of some crime. It is feigned in order to get a release from consequences of a crime, or to escape the hard work in prison, or to get better treatment and diet in the institution. In some of the European countries it is feigned in order to escape military duty. The insanities that are thus simulated are mania, melancholia and dementia. The individual will pretend that he or she was delirious or in an unconscious state at the time of the commitment of the crime, and that he or she knew nothing of what had passed or happened. Then, again, we are very often told that the patient suffered from an irresistible impulse, which could not be overcome and that he had to commit the act, simulating thereby impulsive insanity.

In examining these cases we must remember that each form of insanity presents its own clinical picture, its own symptoms, mental and physical, and a careful examination will bring forth the defects and flaws of the simulated type of insanity. If we are told that the individual suffered from an impulse, we must look for other symptoms of impulsive insanity, as well as consider the deed itself. The acts committed must be studied with minute care. A great deal depends upon the acts themselves and the way those acts were committed, as well as on the minute history of the case. In the real cases, evidence of impulsive insanity will be found. In all these cases we must study the deliberation with which the act was committed and planned, as well as the interval between the inception and execution of the act itself, and still more consideration must be given to the benefits derived from the act by the accused individual. Crimes which are committed as a result of a sudden impulse are entirely different in all aspects from those that follow long premeditation. We must consider the motive of the crime as well as its utter senselessness and non-benefit to anybody, including the patient himself.

If a patient, on the other hand, simulates and exhibits mental symptoms resembling acute mania, but who at the same time does not and did not lose any bodily weight, and who sleeps well, let me assure you that he or she is a fake. The suspicion and rejection will come up in cases simulating aggravated melancholia, who will eat well, and where digestion and circulation are good; the patient here is also a fake.

In connection with all these cases, it is well to know that a real lunatic when with a stranger will appear rather in a far better condition, as he or she will always be on their guard and he or she will deny their insanity, while a faker, simulating insanity, will redouble all his efforts to appear insane; he or she will use all efforts to appear more maniacal, more idiotic, more noisy, and, above all, he or she will readily admit their insanity. Real insane, with exception of those suffering from melancholia, will deny their insanity each and every time. All simulators exaggerate their symptoms, and, therefore, often feign mental disturbances which do not belong to the particular form of insanity which they are trying so hard to simulate.

All of those cases require close and careful study and very close observation. In all noisy and acute, as well as violent maniacs, the detection of the fake is rather easy. The cases, after doing their utmost, become tired, go to sleep, as no sane person can maintain the incessant action, singing, shouting and crying of the genuine maniac, even for a short time, with a most deep slumber to follow, and a sleep which will last for hours. These cases require watching without their knowledge, and the rest is easy.

In cases where insanity is feigned without any noise or violence, where the case claims to have lost all reason, all memory, all interest and understanding, who will not give correct answers to questions no matter how simple these questions may be, where he will not know even his own name, but who will at the same time display even a brilliancy in evading your question which tries to pin him down to the crime, this will readily show simulation in the case.

In examining these cases in certain rare instances we come to the borderland cases, the weak-minded cases in whom madness and badness are so intermixed that it takes quite some skill to place them in their proper classes. The responsibility of the insane and the means by which a conclusion can be arrived at, or the so-called legal tests for insanity, have much to be desired. To me it is incomprehensible how an individual can be legally insane and medically sane, or medically sane and legally insane. Nor do I understand how a man can be sane in one state and be insane at the same time in another state. This is ridiculous. He is either sane or insane, and it matters not whether it is west, south, north or east, the psychological condition is the same in a given individual. If the case is really insane in New York state, the psychological condition is the same in Iowa; the fact that he escaped to another state did not change his mental defects, and the same symptoms will appear even if he escapes into South Carolina. If, on the other hand, he is declared sane in South Carolina, and he is sane, the

same sane reason must be found in New York if the same individual gets there.

In conclusion, let me say that insanity and sanity are relative terms, more or less, so that no standard can be applied in general, and the standard, therefore, must be individual.

DISCUSSION.

DR. J. E. G. WADDINGTON: How do you distinguish between sane, insane and imbecile?

DR. H. E. VITOU: Can we make a diagnosis of these insanities from questions? Must we depend wholly on their side of the story to make our diagnosis?

DR. W. E. KINNETT: I enjoyed this paper very much. I have been interested in this line of work, and I have been shocked sometimes in our courts to find the careless way in which they examine patients and send them to the hospital. They depend almost altogether on the actions of the patient and the history from the family as to how the patient has acted. Usually by the time they are through the judge has it written out and ready for the physician to sign. I do not see how they can be adjudged on so little evidence and the hearing of so little history. We physicians could not do that. It is a serious situation. Our institutions are full, and I think sometimes if we could take them before a commission that knew something about it, there would not be so many sent to hospitals.

DR. H. H. HELBING: In St. Louis a person suspected of being insane is sent to the observation ward of the City Hospital, which is in charge of a neurological specialist, and then you have to get the signature of three business men. They are kept there under observation until these men are satisfied they are insane. So they take great care that no one is railroaded to an insane asylum.

I would like to ask Dr. Adlerman if he has had experience in the results of gynecological work in benefiting the mind of the patient. I am especially interested in this because I see a great many patients at the sanitarium and some of them have lacerations of the cervix and perineum, and bad condition there generally, and yet we do not feel justified in operating on them with the expectation of benefiting them mentally.

DR. W. P. BEST: From the standpoint of a medical practitioner with a conscience, a physician certainly feels for at least one time in his life the responsibility of the welfare of the patient when he is called to sit on a lunacy commission. Speaking from personal experience I must say I would rather be excused, even where I have had the patient under observation. But in Indiana every possible legal precaution is taken to protect the interests of persons supposed to be insane. I suppose that is true in all States, or at least it should be so. In Indiana, if a person enters a complaint against a member of the family or neighbor, he must set forth in writing the reasons why he wants a lunacy inquest; he must swear to that statement the same as any other legal document. Then the court in which the complaint is made orders two physicians to call and examine this patient—usually the physician of the family and some other—and they must visit the patient and satisfy themselves as to the sanity or other condition of the patient's mind. Then the trial is held, at which trial various people are summoned, the same as in an ordinary case. At the trial court the whole case is reviewed; the physicians act as attorneys for the State, and they inquire into the condition of the patient from every witness. Then it is their duty to sit down and write out a statement of this as they have found conditions to be, express their

opinion as to whether or not the patient is sane or insane and his right to be treated in the institutions of the State for the care of the insane. I hope all States take such precautions to surround such unfortunate people with every safeguard and protect them from the machinations of their enemies or misguided members of the family.

Dr. J. J. Martin, Bucyrus, Ohio: I do not believe in sending persons to insane asylums who are not insane all the time, but I do think that many persons are kept out of insane asylums that if we could send them early enough we would get results, otherwise they commit suicide or kill someone. This question of deciding so quickly whether or not a person is insane is important, but I do not believe many of these cases are caused because we do not give them the proper treatment early. I believe our tests in Ohio are very good. A person is brought before the judge with witnesses and two physicians, and I presume I am called in such cases once a week, and I do not feel that if you follow the instructions laid down in the blank that two physicians must fill out that you will make a mistake in many cases.

Dr. W. E. Kinnett: Do you know anything about the percent of cures in insane hospitals?

Dr. G. Strohbach: How much do you employ the Freudian theory?

Dr. T. D. Adlerman: It is very unfortunate that in some States the examinations for insanity are really a farce. I refer particularly to certain conditions in my own State. According to the law, supposedly insane persons are submitted to court and the court appoints two laymen and one doctor to investigate. As a rule these laymen are political hangers-on who want to earn five to ten dollars a day. I have no doubt many a poor person has been sent to the insane asylum. However, this condition does not prevail now. The Association of Neurologists and Alienists compelled them to pass a law whereby the court must appoint two certified lunacy examiners, and they may examine the patient as many times as they see fit.

In regard to gynecological conditions, I do not know of any particular case of insanity which would be caused by lacerations; they may cause neurasthenia or certain nervous conditions. I could quote you hundreds of cases where insanity came after certain gynecological operations; I know of cases which developed after the ovaries were removed. When you interfere with the female genital organs you interfere with something that has a close connection with the human brain. Whenever I am asked my opinion as to removing the ovaries, I always say, "Leave one ovary in if you do not want the woman to be insane." This is a well known fact which most alienists will substantiate.

I will have to take issue with Dr. Martin. He says if you answer the questions on the blank you can not make a mistake. The questions on the blanks issued by the lunacy commission are very complex, and the average physician knows as much about insanity as I do about Chinese literature. They fill out the questions as well as they can, but they will not be able to arrive at a conclusion.

I mentioned most distinctly that you must observe the patient's actions, their remarks, their behavior, because what may seen insignificant from the history, after you have observed the patient may seem entirely different.

Observation wards exist in every hospital, but not all of your insane cases go to the observation wards. The charity cases will. The hospital does not know what they are, and so they are sent to the observation ward; but you take a private patient and they do not go to the observation ward. But the observation ward is not always reliable for the following reason: The observation ward may be in charge of a good alienist, and if so, well and good;

but sometimes they are in charge of the younger men, perhaps out of school six months, and quite often they make mistakes.

As to how many we cure, this question can only be answered partly. There are certain types of insanity we never cure at all. We can not cure dementia precox. If you talk to me about puerperal mania, I believe I can cure 25 per cent. of cases; if you talk about mania, it will depend entirely on the history of the case; if you talk about paresis, we can not cure it.

As to the Freudian theory, I do not use it.

Dr. W. P. Best: What is the earliest time of life at which symptoms of dementia precox may be observed?

Dr. Adlerman: This opens a great question, because alienists do not agree. Smith of New York claims he can detect it early in life. I do not know how he does it; I can not do it. I have never seen symptoms in early life. Sometimes paretic dementia is due to syphilis; in that case you may be able to observe it in the tertiary stage of syphilis. A man commences to spend his money and neglect his business; he will go into the city and order a thousand dollars' worth of goods for which he has no use. Then there are certain symptoms such as irritability—a man becomes very cranky. These symptoms are often overlooked, where perhaps if we could get hold of them early something might be done. But this subject of paretic dementia is a wide one. It is said that the dementia does not develop until the disease is well established. There are certain cases of dementia precox where you are able to observe the symptoms early. These children as a rule will not play with the other kids, but play by themselves; they also have peculiar ideas in regard to dress and clothing. But you take a case of general mania, and that depends upon the history of the case.

CIGARMAKERS' NEUROSIS.

Charles Dickerman, M.D., Somerville, Mass.

My attention has been called to a malady peculiar to cigarmakers which simulates a subacute neuritis, and, in the long-standing, untreated cases, may present all the manifestations of an old neuritis.

The etiology and primary diagnosis of this affection—as far as I can learn—is so little understood, notwithstanding its simplicity, that I am prompted to attempt the description of the affection from the experiences I have gained in investigating and treating the many cases which have presented themselves to me.

I shall try to be systematic in the arrangement of this paper, beginning with the definition and passing on to etiology, symptoms, pathology, diagnosis, prognosis, prophylaxis and treatment, together with illustrations of a few cases which I have had under my care.

Definition.—A condition occurring in cigar makers, whose business requires the constant repetition of certain movements, by reason of which certain structures undergo a fibrous degeneration, resulting in the loss of power to perform these movements, while all other movements can be performed as usual, and in which pain and numbness are present chiefly in the shoulder, arm and fingers.

Etiology.—The causative factors of this malady may be divided into two classes—direct and contributing.

The *direct* cause is overwork. The constant use or abuse of a small group of muscles, with little or no effort to exercise the other muscles of the body, will eventually cause that little group of strained muscles to contract and later become somewhat fibrosed, thereby interfering materially with the blood and nerve supply.

Contributing Causes.—Improper height of chair or work bench (table), causing the operator to perform in an unnatural manner, and by reason of which the operator must increase his efforts to produce the required results. The cervico-dorsal posterior curve of the spine is an important contributing factor in this condition.

Improper ventilating system in the workshop, especially working in draughts when the operator is perspiring, exposure to cold and dampness, lowered physical resistance on the part of the patient, injury to the shoulder or arm, and rheumatism, myalgia and neuritis are important predisposing factors.

Symptoms.—I shall try to enumerate the symptoms in the order in which they are most likely to occur. The patient complains that his wrist becomes tired after working a few hours. In a few days, or perhaps a few weeks, his whole arm will feel tiresome after working a few hours. One side of the interscapular region then becomes painful, more so when pressure is applied to that region, and relief comes only when work is stopped. If the patient is not under treatment and keeps on working, he will find that the tactile senses of his hand are becoming less acute; that is, he is unable to gauge the proper amount of filling as quickly and accurately as heretofore, and it takes an unusually long time to make each cigar. He may find that for no other reason at all, and without any warning whatsoever, an instrument of which he has always had expert control will suddenly fall from his grasp. His neck motion becomes somewhat sensitive. He now becomes conscious of having some real trouble and is worried. If he continues to work much longer he will experience neuritic pains on the affected side. The pains are shooting in character and may be directed from the shoulder to the arm, or from the arm to the fingers, or from the fingers to the shoulder. These pains, however, are relieved by occupational rest, and are not aggravated by pressure on the nerve trunks or motion of the shoulder or arm.

Unless this condition is aggravated by exposure to cold and dampness, or persistency at occupation, the patient experiences comparative comfort while resting, especially at night. If, on the other hand, the patient is exposed to unfavorable conditions, he may develop a well-defined neuritis; then he will experience pain along the course of the nerve when pressure is applied to the trunk, and shooting pains on moving the extremity. These pains may awaken him at night. In neglected cases there may be muscular atrophy of the extremity. I now have a "neurosis" case under my care which presents distinct signs of muscular atrophy of the extremity, although

the patient has never experienced pain on motion or on pressure on the nerve trunks, and sleeps soundly at night.

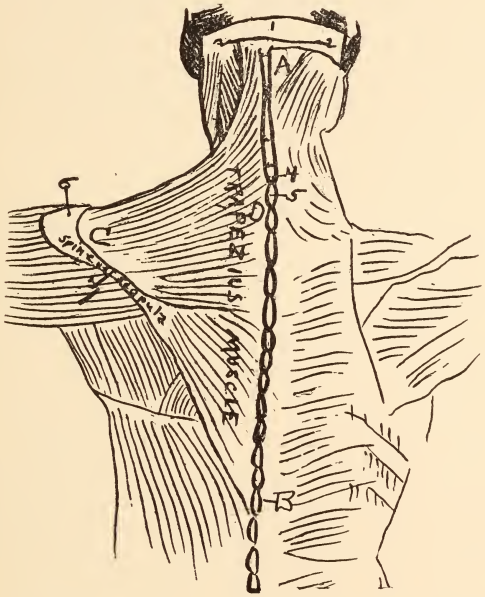
Pathology.—As I have not had the opportunity to observe any of these cases postmortem, I shall resort to personal knowledge and experience of cases or disorders similar to these. We are told, and experience has shown us, that elastic tissue when continuously stretched will eventually lose its elasticity and acquire a tendency towards fibrosis. That is, elastic tissue when abused will undergo a fibrous degeneration, as do blood vessels in arteriosclerosis, lung tissue in emphysema, etc. Likewise that which occurs in "neurosis" is a fibrous degeneration of the structures involved.

Let us consider first the posture which the patient acquires while engaged at his occupation and the condition resulting from this assumed posture. The cigarmaker is seated at his bench, eagerly interested in the revenue which a fruitful day or week will bring him. He concentrates all his efforts to realize this object. Is it not natural, then, in view of the fact that his stool is stationary and his hands and arms are working regularly, and inasmuch as his efforts are concentrated—I say, is it not natural that he bend his head slightly forward while working? Ninety-eight per cent. of cigarmakers do this unconsciously.

The next step to consider is the fact that a cigarmaker assumes this posture, in the majority of cases, from 8:00 A.M. to 12:00 M., and from 1:00 to 5:30 P.M.—four consecutive hours in the morning and four and one-half steady hours in the afternoon. Keep this up six days a week for ten years or more, and what is the result? The cartilages between the cervico-dorsal vertebræ accustom themselves to the acquired position. That is, they become narrow anteriorly and thicken posteriorly. Now what does this mean? It means that we have here a full-fledged posterior curvature of the cervico-dorsal spine, which in itself interferes materially with the nerve and blood supply of the shoulders and the whole of both upper extremities. Moreover, we have a muscle which has its origin at the inner one-third of the superior curved line of the occipital bone, the ligamentum nucha, the spinous process of the seven cervical and all the dorsal vertebræ. In other words, the origin of this muscle is on a vertical line drawn from just outside the center of the back of the head down to the last dorsal vertebra. Now then, if the head is bent forward the muscle is stretched in the direction in which the head is bent, and inasmuch as the cigarmaker is constantly stretching this muscle while working, what can be the ultimate result of this continuous stretching? The law of nature tells us that this muscle must undergo degeneration, and this is manifested at its weakest and most aggravated point, namely, the cervico-dorsal region This same muscle has its insertion at the outer one-third of the posterior border of the clavicle, the inner margin of the acromion process and the spine of the scapula. Besides drawing the head backward and to one side, the action of this muscle is to elevate the point of the shoulder of the same side, and it also adducts, rotates inward and depresses the arm.

In making cigars the operator is continually using his arms and shoul-

ders, and incidentally he uses this muscle. If you will now picture a muscle which is strained and weakened at its origin, and is kept unnaturally functionating at its insertion, you can not help seeing the pathological condition of cigarmakers' "neurosis." (See illustration.)



1. Occipital bone.
2. Sup. curved line.
3. Ligamentum nucha.
4. Spinous process of the 7th cervical.
5. First dorsal vertebra.
6. Acromion process of scapula.
7. Crest of spine of scapula.

Bend the head forward and you stretch the muscle between A and B, with maximum tension at 4 and 5. Move the shoulder downword and abduct the arm, and the strain is between C and D, with maximum tension at 4 and 5.

Diagnosis.—The diagnosis of these cases should not be hard: Unilateral pain which is aggravated while working and comparatively relieved by rest; tenderness along the interscapular region; the posterior cervico-dorsal curve of the spine; the tired, numb-feeling hand, with perhaps muscular twitchings of the arm, together with a history of exertion in an effort to overcome the diminishing speed of making cigars—should lead one to recognize this condition. One must bear in mind that in neuritis there are shooting pains on pressure on the nerve trunk or on motion of the limb. Such is not the case with "neurosis."

The following are a few of the "neurosis" cases which came to me for treatment, and may serve by way of illustration:

Case 1. (11-2-7.) Forty-two years of age; cigarmaker for twenty years. Complains that while working has dull pains at base of neck and shoulders. His left arm especially becomes weak and heavy. Trouble is relieved when he stops work. Lately, it seems more severe. He can not rotate his head with freedom. Physical examination: Temperature, pulse, heart, lungs, blood pressure, reflexes, blood and urine are normal. The muscles of the neck are somewhat contracted. Interscapular region of the left side is tender to touch and contracted. Has a slight posterior cervico-dorsal curve. Diminished motion between the seventh cervical and first dorsal vertebra. This case is a comparatively mild one, and it is in this early stage that gratifying results can be obtained.

Case 2. (3-25-6.) Fifty-six years of age. Cigarmaker for forty four years. Complains of pain at back of head, neck, shoulder and back, on the left side, for six months. Pains first came on about two years ago. Was then advised to stop work. Condition cleared up spontaneously in a month or so, when he resumed work. Had comparative relief until about six months ago, when pains came on more severely than at the previous attack two years ago. Pains are worse in the evening, especially after using the left arm. Physical examination: Temperature, pulse, heart, lungs, blood pressure, reflexes, blood and urine are normal. Pain is elicited on rotating the left arm inward and depressing it. Trapezius muscle over suprascapular region is contracted and tender. The sixth, seventh cervical and first dorsal vertebræ are tender on the left side. There is a mild posterior cervico-dorsal curvature, with diminished motion between the vertebræ of that region. This case is a moderately advanced one. The patient made an unusually rapid recovery under treatment, and today—three years after I discharged him—he writes that he is working regularly and feels perfectly well.

Case 3. (12-27-5.) Fifty-four years of age. Cigarmaker for thirty-five years. Complains of having a painful left shoulder and arm. Shooting pains from the left shoulder to tip of fingers. The fingers become numb frequently. He can not sleep on account of the pain. Stopped work about one month ago.

Past history: About three years ago he had pains in his left shoulder, which would come on after working a few hours; his fingers would become numb. At that time he had no shooting pains. His motion was free, and he did not experience pain at night. His sleep was refreshing. He was advised to stop work, and his condition cleared up in one month. Five months later he had an attack of "neuritis" which lasted six months. One year later he had another slight attack of "neuritis," which also lasted about six months. He felt his present condition come on about two months ago. The fingers of his left hand would get numb; he would experience loss of sensation of the hand while working. Finally, the pains became too severe, more so than on previous attacks, so that he had to give up work and seek relief. He can not lie on his left side. His whole arm feels weak. He can not sleep on account of pain. Physical examination: Temperature, pulse, heart, lungs, blood pressure, reflexes, blood and urine are normal. Has a posterior cer-

vico-dorsal curvature with diminished motion between the vertebræ. The left scapula is very sensitive to touch, especially the superior and vertebral borders. Axilla and supraclavicular region are very tender. Motion of the left arm and shoulder causes pain. This case, like all advanced "neurosis" cases, was somewhat backward in yielding to treatment, but today—about four years since I discharged him—he writes that he is working, feels well and has no pain.

Prognosis.—In the early stages the prognosis is very encouraging. In my opinion, a case which does not present signs similar to an advanced neuritis can be cured, and the patient will not have to give up his occupation. Most all cases can be relieved, though the process in a severe case is a slow one.

Prophylaxis.—I hardly know where to begin the correction of the predisposing factors of this malady. I have many suggestions in mind, but whether or not they will materialize depends on the altered conditions which the proper authorities will enforce.

The chair and work-bench (table) of the cigarmaker should be adjusted according to the size and comfort of the individual operator. This point should be enforced in shops and factories as it has been in our public schools. It was suggested to me that two work-tables be furnished each worker, the lower table to be used when he is seated and the higher while standing. The idea of this would be to give the operator a chance to change positions, and in that way he would rest certain muscles. This idea, however, is a delicate problem to consider, as it would require almost double the amount of floor space in the shop.

Proper ventilation and cleanliness of the work-room are other healthful measures. In my tour of investigation I found only one cigar factory in Boston where ventilation and clean methods were properly instituted. An official of the cigarmakers' union took issue with me on this strong statement. He claimed that there are many shops in Boston which are large and airy. My idea of a well-ventilated shop is not a room which has many open windows, but a place where ventilation is scientifically employed, where there is a uniform interchange of air and particularly no draughts.

A cigarmaker should not eat heavily, and when not working should indulge in mild outdoor exercise. The many reasons for this suggestion are obvious.

The greatest problem in warding off this malady is, in my opinion, the wage problem—and here is where the difficulty lies. I shall not attempt a method of adjustment, because my experience in that line is limited, and therefore shall leave the problem to be threshed out by competent men who might be interested. All the cigarmakers whom I have treated were employed at piece work; that is, they were paid so much for making each cigar, and naturally the more cigars they made the more money they earned. Every man is eager to earn as much money as his ability will allow him, consequently he is straining every effort to speed up and make as many cigars as he possibly can.

The cigarmaker not only has to develop great speed, but also has to

develop a keen sense of touch. He must gauge the proper amount of filling in each cigar with his hand; and when you stop to consider that each and every cigar must be uniform in size, shape and consistency, you will admit that quite a lot of training is required to develop such tactile senses.

Every mechanic reaches the stage, sometimes, when his energy and skill are at their maximum. This principle applies to the cigarmaker also. Sooner or later each mechanic must reach the acme of maximum efficiency, and from that point the tendency is naturally directed downward—that is, he becomes slower. He finds that he must put forth extraordinary effort to even attempt to attain his former speed; soon that effort is impossible for him.

The cigarmaker, you will remember, is paid so much per cigar. When he has reached the slow stage, or while he is entering the slow stage, he has to bring into play extra effort and muscles which perhaps were never exercised before. What is the result? The cigarmaker actually has to strain his efforts to accomplish a fair amount of the product each day. He is compelled to do it. Most cigarmakers are married men with families, and their expenses are increasing every day. His salary, on the other hand, especially if he has reached the slow stage, is decreasing each week. If the employer has an idea that an operator has become slow, the place at the bench will be turned over to a new employe who can make more cigars. I have heard of cases where cigarmakers were employed in the same shops for twenty to thirty or more years, and when the employer found that these men were becoming slow he gave them their "walking-tickets," notwithstanding the fact that they were considered reliable and efficient workers for so many years.

The above is the key to the whole situation, and is the most conspicuous factor of this affection. If, instead of paying a cigarmaker so much per cigar, a weekly wage were instituted and a reasonable, uniform number of cigars required of employes, I think there would be very few cases, if any, of cigarmakers' "neurosis."

Another point which would diminish the number of advanced cases of this affection would be to establish a clinic where cigarmakers could report when they felt it coming on (they usually can tell), and where proper care and treatment would be advised. As conditions stand today, a cigarmaker with a painful "neurosis" will work until his condition becomes so bad that he is physically unable to continue his vocation. It is in these latter cases that relief and possible cure are slow and discouraging.

Treatment.—In my experience, drugs have been of little or no value in these cases. The general condition of the patient must be improved. Good habits must be practiced on the part of the patient. Only plain, nourishing foods are allowed; but very little meat should be placed on the menu. Mild outdoor exercise is a very important factor. Where possible, occupational rest must be insisted upon. By occupational rest I mean that the patient may be employed at some mild outdoor occupation, but not at making cigars.

My corrective treatment is amusing and yet interesting; amusing because I abuse an instrument to bring out the required result, and because the form

of treatment may appear somewhat crude at first. It is interesting because it produces results, and when you stop to consider the fine points of the affection it is really scientific treatment.

The object of the treatment is to relax the injured structures and at the same time improve the circulation of the parts involved. To produce this result one must employ successively at each treatment massage, vibration, and a combination of heat and vibration. I have tried almost every known form of electrical treatment, both with and without massage, but have found no definite form or combination which would produce results as quickly as the combination I have named above. The three methods constitute one treatment, and should be employed in the order in which they are named.

1. *Massage.*—I massage and stretch the muscles of the neck, arms, shoulders and back. In order to do this properly the patient must be passive and completely relaxed. In stretching a muscle the operator must learn to move the structure in the opposite direction to which it is normally directed when functionating. For instance, we will say that the action of the biceps muscle is to flex the forearm. In order to stretch this biceps muscle we must extend the forearm just a trifle farther than the patient can carry it himself. At no time should the operator use excessive force. This part of the treatment should take about five minutes.

2. *Vibration.*—This stage of the treatment is comparatively easy. I use a Perfection electric vibrator which has an aluminum case. The object of the aluminum case will be explained in the next form of treatment.

I have the patient lying face downward on a comfortable treating table. Once more let me impress upon you that the patient must be relaxed. The vibrator is moved slowly over every inch of the posterior chest and shoulders. I have found that the best results are obtained when the course of the fibers of the trapezius muscles are followed. This treatment should take about fifteen minutes. Incidentally, by the time this stage of treatment is finished the vibrator is just hot enough to go on with the next stage.

3. *Heat and Vibration.*—In this stage the treatment is the same as the last one, with the exception that the case of the vibrator, which is now hot, is used instead of the regular rubber body tip. I turn the vibrator on its side and follow the course of the trapezius muscle slowly. In this manner the patient receives both heat and vibration at the same time, which I have found is the most soothing form of treatment. Care should be taken not to burn the skin of the patient. This part of the treatment should take about fifteen minutes.

In conclusion, let me say that I believe cigarmakers' "neurosis" is, and should be recognized as, a distinct and separate form of nerve affection. The words "neuritis" and "neuralgia" are used so extensively in the diagnosis of nerve affections, that they mean little if anything at all in the explanation of the pathological condition. The diagnosis of neuritis should be reserved for cases which have distinct manifestations of inflammation of the nerve itself.

Neuralgia means that there is a toxin, either localized or circulating in the system, which irritates a nerve. The nerve itself is not inflamed.

"Neurosis" is a condition which presents mild nerve symptoms, but the trouble is with other structures which interfere with the circulation of the nerves. However, a neuralgia or even a "neurosis" may lead on to neuritis if either condition is abused. The irritated or under-nourished nerve may be compared to a glowing match—it flares up when exposed to a flame.

THE SUTURE OF THE LEVATOR ANI MUSCLE IN PERINEORRHAPHY OPERATIONS.

Jerome Earl Holman, M.D., Indianapolis, Ind.

The selection of a subject which is suitable for discussion before this Association, and especially this section, is a matter of some difficulty, since matters which are of the highest interest and importance to the gynecological surgeon are not so necessarily to the general or orificial surgeon. At the same time, it is more likely that one will be of interest to his hearers if he deals with a subject which for the moment is of interest to himself, and so I have selected an essentially gynecological subject.

There are other reasons why I have selected this particular gynecological subject. In the first place, although it is a generally accepted fact that the support furnished by the levator ani muscle, either with or without its investing fascia, is essential to the pelvic organs, none of the older methods of perineorrhaphy provides a means of such suture. In the second place, it is surprising how many of the present day gynecologists are content to continue to practice these operations, because—and this is my third reason for my choice of subject—they consider, and in fact we have often been told, that suture of the muscle, however essential it may be, is a difficult operation and one not devoid of danger. I do not think that I need spend much time in defending my reasons. Lawson Tait's, Martin's, Hegar's and Kelley's original operation all neglect to take the levator ani muscle into consideration. They, however, are apparently strong advocates of its suture, and it seems a pity that their writing should rather tend to complicate the operation, and so to prevent its universal adoption.

I have practiced systematic suture of the levator ani muscle for the past three and a half years, and I think I may say that I have sutured the muscle in every case in which I have performed perineorrhaphy during this period, except where the muscle was absent or atrophied. But when I stated this fact at a discussion on this subject, I was told that I never sutured. The reasons given for this statement were, first, that Kronig showed how easy it was to mistake a more superficial muscle for the levator ani, and secondly, that Martin said that suture of the levator ani was a difficult operation involving an extensive dissection, whereas the operation I shall speak of is so comparatively simple and easy that I take up the time of this association with this paper, in which I desire to show, first, that there are no anatomical

difficulties in the way of muscle suture, and secondly, that there are no practical difficulties.

The structures which are involved in a perineorrhaphy operation from without inwards are as follows:

1. Skin.
2. Superficial fascia.
3. The constrictor vaginæ muscles, and the superficial transversus perinei muscle.
4. The deep transversus perinei muscle.
5. The levator ani muscle.
6. The vaginal mucous membrane.

We may at once dismiss a number of these structures from consideration because their suture is a part of any perineorrhaphy operation that has ever been devised. These are the skin and superficial fascia, the constrictor vaginæ and superficial transversus perinei muscle and the vaginal mucous membrane. This leaves two muscles for consideration—the deep transversus perinei and the levator ani. The deep transversus perinei muscle rises from the neighborhood of the point of union of the pubic and ischiaf rami. As it approaches the middle line it spreads out. A few of the most anterior fibers pass to the anterior wall of the vagina, and lie behind the urethra. The remaining fibers pass behind the vagina to the central point of the perineum.

The part of the levator ani muscle with which the gynecologist is concerned rises from the back of the body of the pubis, along an oblique line which extends from the lowest limit of the symphysis upwards and outwards to the obturator canal, and also from the obturator fascia for a limited extent. It passes backwards at the side of the vagina, about half an inch above the hymen, and then similarly at the side of the rectum, to be inserted mainly into a median raphi between the anus and the top of the coccyx. It has also apparently a slight insertion into the vaginal and rectal walls at the point at which crosses the latter, and it sends a few fibers to meet those of its fellow of the opposite side in the central point of the perineum. It has not, however, any considerable insertion into the perineum, and the union of its fibers which are produced in this region by operation is purely artificial and in no way a reproduction of the condition of affairs existing before laceration occurred.

The essential features of the operation which I habitually practice are as follows:

1. The careful dissection of the necessary amount of vaginal mucous membrane from the rectum.
2. The exposure and suture of the separated levator ani muscles.
3. The careful approximation of the cut edges of the vaginal mucous membrane, in such a manner as to leave no projection or redundancy.

The operation is carried out as follows: The extent of the perineal tear is carefully determined, and its anterior edges are marked out by bullet for-

ceps. A third bullet forceps is applied to the perineal skin just behind the posterior edge of the tear. The position of the separated edges of the levator ani is determined by palpation through the mucous membrane of the vagina. An incision is then made from side to side along the line of junction of the skin and the vaginal mucous membrane. This incision cuts through the skin and any underlying scar tissue. A flap of vaginal wall is then dissected up off the underlying rectum. At its lowest part it is firmly held to the rectum and the sphincter ani by cicatricial bands, the result of the old cicatricial healing. As soon, however, as these have been cut through, the separation of the remainder of the flap by blunt dissection is an easy matter. The easiest method of dividing these bands is with scissors, so as to avoid injuring the rectal wall. When the dissection of the flap is complete, a triangular space is exposed, which is bounded laterally below by the remains of the superficial vaginal and perineal muscles, and at a deeper level by the pubococcygeal fibers of the levator ani muscle, while its floor is formed by the rectum. It is then an easy matter to catch the edges of the levator ani with clip forceps or dissecting forceps, and to draw them downward and inward until they meet in the middle line. If the separation and atrophy of the muscle is marked, then it may not be possible to draw the edges down sufficiently, but in the great majority of cases they can be brought into view as can be shown. Three or four interrupted sutures of catgut are then passed through them from side to side so that when tied they will approximate them in the middle line; for the present, however, they are left untied.

The next step is to trim the vaginal flap into proper shape, so that when the operation is complete there may be no redundancy. The usual line of incision is shown, and the effect of the removal of redundant tissue. The cut edges of the flap are then brought together by a continuous catgut suture passed from above downward, and ending at the vulvar orifice in the levator muscles, may be tied. The last step consists in the introduction of silkworm gut into the perineal wound. These sutures are passed from side to side, and traverse the skin and the remains of the superficial perineal muscles, and also the levator muscle, so as to supplement the buried catgut sutures.

Sometimes during this procedure there may be hemorrhage from the hemorrhoidal vessels. Bleeding vessels, if of large size, should be caught and tied, but as a rule the best method of stopping bleedings is by proceeding rapidly with the operation.

I have mentioned the tendency there is to the formation of dead spaces between the vaginal mucous membrane and the upper surface of the levator ani, a result of the necessary stripping up of the vaginal flap and the separation of the edges of the muscles from the sides of the vagina.

The final step of the operation is directed towards the prevention of the accumulation of blood in such spaces, and is, in my opinion, an essential precaution. It consists in the firm plugging of the vagina with iodoform gauze. The plug must be applied most carefully, so as to avoid injury to the vaginal sutures, and in such a manner that it lies wholly above the muscle with the exception of the end which hangs out through the vulvar openings.

It is quite impossible to introduce the plug satisfactorily by merely pushing it upwards through the narrow orifice.

The reconstituted perineum must be drawn carefully backwards by means of a narrow retractor passed into the vagina, so as to lie above the levator muscle. The retractor which I use for the purpose is known as Doyen's anterior vaginal retractor. Though intended as an anterior vaginal retractor, it possesses a blade which is set at just the correct angle to the handle to allow it to pull back the posterior vaginal wall and the muscle in the manner required for the insertion of the plug. By means of it, or any narrow-bladed retractor, it is possible to introduce a strip of gauze about three inches in such a manner that, while the gauze expands and keeps the posterior vaginal wall in close contact with the sutured muscle, it throws little or no strain on the sutured mucous membrane which lies below it.

The advantages of the foregoing operation are its ease and its rapidity. In order to emphasize the advantages of positive suture of the levator ani in perineorrhaphy operations, I wish in closing to make a relative comparison of this operation with one of the older operations.

First, let me show the conditions of the perineum and the relations of the rectum and the vagina in a patient on whom one or the other of the older perineorrhaphy operations had been performed. The external results are apparently excellent, but on passing the finger into the vagina the perineum was found to consist of a thin shelf formed of skin and superficial fascia. A little further examination showed that the lateral masses of the levator ani muscle, well developed but widely separated, lay in the position into which they had retracted as a result of the original laceration.

Second, let me show the same points in a patient in whom the muscle had been sutured and the operation carried out as I have described. The difference in the condition of the perineal body is at once obvious, and further examination shows that the lateral masses of the levator met in the middle line. In fact, the shape of the perineum is practically that found in the nullipara, and the only difference is that the inner muscle edges meet in the middle line instead of merely sending a finger into the central tendon of the perineum.

Conclusions.

(a) Routine suture of the levator ani is an essential part of perineorrhaphy.

(b) Routine suture is always practicable, except when the muscle is wanting, owing to atrophy after injury. Such absence is very rare, and when it occurs it is impossible to reconstitute the perineum satisfactorily.

(c) The exposure and suture of the levator ani is neither difficult nor dangerous.

ADENOMA OF THE RECTUM AND COLON—CAUSES, SYMPTOMS AND TREATMENT.

B. Roswell Hubbard, M.D., Los Angeles, Cal.

Adenomata are glandular tumor-like outgrowths springing from the mucous membrane of some portion of the intestinal tract. They are benign in character, except when they appear secondarily to some irritable form of bowel trouble. They may then assume a malignant character. They vary in size from a grain of wheat to that of a walnut and may appear singly or in clusters, and are prone to infect the rectum, and from there are inclined to extend upward through the colon. These growths when encountered in children usually are found single and seldom malignant. The latter is prone to appear after middle life. In appearance they may be smooth or ragged, looking like a mulberry. Their presence in the bowel causes acrid, foul-smelling discharges to the extent that copious movements of the bowels often result day and night. Similar growths, adenoid in character, are often found in the nose and pharynx of children suffering from the same trouble in the rectum.

A number of years since, while attending the New York Post-graduate College, Prof. Gant made the statement: "It is a common feature in nearly all cases that these rectal polypoid growths are usually found in patients having at the same time lymphoid-hypertrophies in the naso-pharynx with prominent manifestations of the status-lymphaticus. This can hardly be a coincidence, and the presence of these polyps in the colon is simply a local manifestation of the status-lymphaticus."

Examinations of the affected bowel have revealed the fact that the tissue changes in the incipiency of the morbid condition takes place first in the crypts of Lieberkuhn, which are increased in number and size, together with an increased number of the cylindric epithelial cells lining them. As stated by the same author: "At a later period the tubular glands are numerous, enlarged, misshapen, coiled, branching and usually grouped. The epithelial cells lining the tubules are altered, and, in contrast to cylindric-celled epithelioma, have but a single nucleus which often appears atrophied. These outgrowths, when examined, present little ovoid tumors projecting into the lumen of the bowel. The mucous membrane covering these tumors is continuous with that of the rectum, but often becomes irritated by the passage of fecal matter, and, in cases of long standing, ulceration may result, sending out a considerable amount of dark-colored serum. In time, the larger tumors become somewhat necrotic, ragged, soft and very fragile, but if the connective-tissue element is marked and dense, the growth is firm and smooth or nodular. The blood supply of the growth is ample. Both the efferent and afferent vessels are small and pass through the pedicle, where the pulsations of the artery can sometimes be felt."

The removal of these growths when they are within reach in the colon is not always attended with success, as they are prone to return, especially

if they are of the multiple variety, and cases are on record where the tumors were so numerous and of such large size that the lumen of the colon was completely occluded, necessitating the performing of an inguinal colostomy.

To control the copious liquid discharges, various remedial agents have been administered with some degree of success. The following mixture has proven efficient in the majority of cases: ℞ Extract of logwood, ʒ ii; boiling water, ʒ iv. M. Sig.: A dessertspoonful every two hours.

Also the following prescription has proven very beneficial in extreme cases of diarrhea: ℞ Biniodide of mercury, gr. ij; witch hazel, ʒ iv. M. Sig.: A teaspoonful every two hours.

If the glandular tumors are low down in the descending colon, or are found in the rectum, injections of gallic or tannic acid in solution will prove of benefit, as will suppositories containing opium and gallic acid.

The diet should exclude fruit, either raw or cooked, oatmeal and most of the other breakfast foods, excepting well-toasted cornflakes and grape nuts. Boiled milk with soda crackers or dry toast holds the discharges in check, as does a few swallows of cinnamon tea taken occasionally through the day. Eggs, if hard boiled and well sprinkled with black pepper, are nourishing, and do not aggravate the mucoid discharges.

Intestinal antiseptics, such as contain sulphocarbolates and the zinc salts have little effect in controlling the semi-liquid discharges. Emetics have proven more efficient, especially where given in connection with oleoresin of capsicum.

Eye Injuries From Broken Spectacle and Eyeglass Lenses.

In order to secure data concerning these injuries, Vreeland (*Ophth. Rec.*) addressed a questionnaire to one hundred and thirty-five ophthalmic surgeons. From the replies received it was concluded that such inquiries are very rare. Rimless spectacles were shown to be less safe than other styles of mounting, because the spectacles occupy a fixed position, and the rimless lenses are more easily broken. Nose-glasses are more easily displaced than spectacles and the eyes are therefore less often injured by them. In most injuries reported concave lenses were worn. This is no doubt explained by the fact that such lenses are often very thin at the center and are easily broken there, the fragments of glass from the center of the lens being prone to strike the cornea. Convex lenses being thick at the center, are less often broken, and tend to deflect a flying object. In many cases glasses are a protection rather than a menace, and when consideration is given the nature of the force which causes these accidents, it is reasonably certain that the injury would have been greater but for the protection afforded by the lens. The greatest number of these injuries have occurred in men, since they are more exposed to accidents than are women. However, the injury is often a household one, or acquired in an athletic game.—*Druggists' Circular.*

The National Eclectic Medical Association QUARTERLY

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THE NATIONAL MEETING.

The Detroit meeting has passed into history. Whilst the attendance was not as one would wish, yet it was a good meeting and a profitable one. There were many old faces in evidence, men who joined many years ago—back in the seventies. To them the meeting had a degree of sadness by reason of the absence of those with whom they labored years ago. No doubt one reason for the absence of the younger men was their absence in the services of the country. We trust that before we meet again the horrors of war shall have ceased and our boys returned to us again.

An appeal was made to us on Tuesday evening by Major Robert E. Noble, chief of staff to Surgeon General Gorgas, for physicians to give their aid to the government in the present crisis, and on Thursday afternoon Major Franklin Martin, of the Council of National Defense, addressed the society on the needs and work of the Volunteer Medical Service. Both men emphasized the need for the mobilization of the medical profession in the United States and of the necessity for all physicians to assist in the work now confronting our nation. In conformity with the request of Major Martin, the House of Delegates selected men to represent us on the Council of National Defense.

The interference with the scientific portion of the program by reason of pleasure trips and sight-seeing evidences the necessity of a change in the program. The large amount of time consumed by certain sections also calls for a reform of some measure, so that all may have an opportunity to read what they have prepared. In other words, all the time should not be consumed by a few sections to the exclusion of others.

Dr. Finley Ellingwood was elected president, and Dr. Harry Shafor, of Detroit, treasurer, in place of Dr. E. G. Sharp, who has served the associa-

tion for many years. Thus the association in the past two years has passed into new hands, the personnel of the executive committee undergoing a complete change save only in one person, namely, the editor. M.

THE ARMY MEDICAL SERVICE.

We have read with mingled feelings of indignation and resentment many articles in the newspapers casting reproach upon the Army Medical Service, articles accusing these men of neglect, ignorance and inhumanity. I was loath to believe them, yet when men were disciplined by the War Department for these shortcomings, I was forced to believe there might be some truth in the charges. When one stops to consider the stupendous task confronting the officials by reason of the mobilization of three million men, taken from all walks and conditions of life, it necessitates no stretch of the imagination to see that some degree of incompetency might develop or result.

From what I have been privileged to see, I personally feel that the errors committed do not belong to or are not the fault of the Medical Corps or Medical Reserve Corps, but are the result of a lack of complete preparation for the care of the large number of men mobilized.

In reading the testimony in the case of the medical officer at Camp Doniphan, this conclusion was impressed upon me. The fault was not so much with the officer in charge as it was in the lack of facilities to care for the large number of men needing attention.

The writer was privileged to spend several days in a large hospital connected with the service, and was shown every consideration and permitted to visit the various wards, noting the treatment and care afforded the boys. From this personal observation we are convinced that every care is taken to alleviate the suffering of those afflicted. In fact, we feel that more care is taken to diagnose and alleviate than is exercised in private life.

I was forcibly impressed with the methods employed to check up the diagnoses of these men. They are so exact that every man is put upon his mettle. His diagnoses, treatment and success is a matter of record and open to the scrutiny and criticism of his confreres. For intance, pneumonia cases are diagnosed not only by clinical methods, but by the use of the X-ray, and thus a man's clinical diagnosis is either verified or disproven.

I am satisfied that we meet with no such cases of pneumonia in private life—streptococcic infections and pneumonias with temperatures of 107 and 108° F. Another consideration, these men come from every walk of life—from the hovel to the palace. Many previously infected with some constitutional ailment—tuberculosis, syphilis, malaria, hookworm, or a combination of these conditions. Implant pneumonia upon such a soil and it is not hard to conceive what the result would be. So I repeat, I am pleased with the condition and satisfied that all that modern medicine can do is being done for these men.

The Medical Reserve Corps at present is composed entirely of men who

have voluntarily left their homes and private practices to serve their country. I feel that there is no trade or profession that have made similar sacrifices. The medical profession as an entity have shown their patriotism. True, there are exceptions; fortunately, they are few. The patriotism of the profession compares exceedingly favorable with men in other trades and callings, who are continually asking and striking for more wages. There are but few men in the Medical Reserve Corps who are receiving from the government a compensation anywhere near that which they received in private life, and yet they are asked to pay an income tax on the small recompense received. Why should not other public servants make similar sacrifices?

The present crisis calls for the united effort of every man; every man should do his part unstintingly and unselfishly. There can be no good reason why the entire sacrifice should be made by the enlisted and drafted men in the service. Those that are permitted to remain at home and reap the rewards of the unheard-of wages should be made to feel in some measure the burden of the day. I am free to confess I can see but little, if any patriotism in the attitude of many who are proclaiming their loyalty from the housetops, urging others to go to the front but protecting their own precious hides and pocketbooks. But enough of this digression. I intended only to write of my own personal observations in an army hospital. I have seen enough and know enough of their operations to put down as buncombe any reflections placed upon the hospitals and Medical Reserve Corps of the United States army. These men are doing their bit, and that bit is a large one, and doing it creditably and unselfishingly. M.

MEDICAL EDUCATION AND THE WAR.

Such is the title of an editorial signed G. H. W., appearing in the *Hahnemannian Monthly* of May, 1918.

The author deplores the scarcity of physicians accessible to the demands and necessities of the present time, and rightfully lays the blame upon the Council of Medical Education of the American Medical Association and the rulings of the state boards. He claims the time is too long and the course too expensive for the average person, withholding him too long from becoming an earning factor. We agree with the author in all his premises, yet we feel that the majority of our state examining boards act at the dictation of the Medical Council and neither think nor act on their own initiative. They obey orders and do not count the costs.

Now *orders* have come to the boards that hospitals are to be inspected and classified as to their fitness to train internes, rules and regulations and inspectors to be, in a measure, appointed by this same council. I have always believed, and still believe, in a well-educated, qualified profession, but I have never, and do not now believe that all educational institutions should be rated and dictated to by one source, and that source rating us in accordance with German institutions and holding up these institutions as models

for our own. I wonder if this, too, is German propaganda. The entire system of premedical and medical education is built upon a wrong basis or foundation. Time should not be the sole governing factor. We have for many years contended it should be based upon a credit system. As it is now, the dull, mediocre or apt student is ground through the same spigot, measured solely by years employed, seven years being the only and controlling element. If a boy, by industry and work, cut this time by taking additional work or by putting in full time, thus acquiring the necessary credits, he should have the full benefit of his industry. It is wrong to say four years in high school, two years premedical, four years in medical college, one year interne. The premedical six years can be decreased at least one year by any energetic, hard-working student. The medical college that is held up to us as the model by this same council permits a student, by continuous attendance, to cut the time materially. Why should not the privilege be granted to anyone, granted, of course, the work be actually performed?

It affords a little satisfaction to know that the council has finally come to a realization that the time element has become too long and are seeking a place where it might be shortened. The most suitable place seems to be in the premedical, the last year high school and the first year of college work being, in a large measure, a repetition. This six years of work can be easily accomplished in five years by the proper arrangement of the curriculum. The writer of the editorial also decries the growth of the various "cults." This was to be expected under the circumstances and was foreseen years ago. Many of them do not attend school even a few months. I am acquainted with some licensed by our board who attained their knowledge by means of a correspondence course. I have seen advertisements in the daily papers offering a course by correspondence.

The great trouble is the profession is too much regulated. Each state presumes to formulate its own requirements, and above them all is the council, incessantly and eternally nagging the boards onward. No sooner are their demands met than others are formulated, and so the profession and colleges are constantly kept in a restless, unsettled condition. A halt should be called and the profession be permitted to catch its breath for the next heat. There is too much regulation of the profession, not only so far as preparation is concerned, but in their professional lives as well. Much of it is disgusting to an honest man. I have neither sympathy nor patience with it.

W. N. M.

ROLL OF HONOR.

ARIZONA.

Manning, G. F., Flagstaff----------Camp Cody, Deming, N. M.

ARKANSAS.

Boyce, Samuel G., Little Rock.
Gardner, L., Russellville.
Landrum, F. W., Driggs----------Camp Dix, Wrightstown, N. J.

Moreland, Wm. D., Hickory Ridge----------Garden City, L. I., N. Y.
Prichard, A. C., Hot Springs----------In France
Tatman, A. E., Eureka Springs----------Ft. Riley

CALIFORNIA.

Buckington, J. R., Big Pine----------Aviation School, San Diego, Cal.
Evans, H. R., Trona----------San Bernardino
Fraser, Martin W., Richmond.
Prince, Russell W., Los Angeles----------Camp Kearney, Cal.

CONNECTICUT.

White, R. L., New Canaan----------Army Medical School, Washington

FLORIDA.

Crum, J. W., Day.
Von Dahm, H. V----------Ft. Oglethorpe

GEORGIA.

Dorsey, Homer A., Pitts----------Camp Joseph E. Johnson, Jacksonville, Fla.
Hendry, J. H., Cuthbert.
Johnson, M. T., Lawrenceville.
Parliament, D. H., Covington----------Camp Dix, Wrightstown, N. J.

ILLINOIS.

Cressman, Ralph G., Oglesby----------South San Antonio
Dyer, Wilson K., Kankakee----------Camp Gordon, Atlanta, Ga.
Herrick, R., Wyanet----------Base Hospital, Ft. Leavenworth, Kansas
McLaughlin, Chas., Berlin----------Base Hospital, Macon, Ga.
Kampen, Harry L., Monmouth.
Spindel, E. S., Springfield.

INDIANA.

Blosser, Blain A., Fremont.
Harrell, Martin E., Kokomo----------Camp Upton, L. I., N. Y.
Hosman, Fred L., Indianapolis,
327th Machine Gun Batallion, Camp Zachary Taylor, Louisville, Ky.
Smith, G. A., Bryant----------Camp McClellan, Anniston, Ala.
Squires, ————, Cambridge City.
Tindall, Paul K., Greensburg----------Ft. Oglethorpe
Waite, Earl L., Rochester----------Camp Upton, L. I., N. Y.
Waltermire, Tell C., Shelbyville----------Ft. Oglethorpe, Ga.
Finlaw, Fred H., Arlington----------Ft. Oglethorpe, Ga.
Winter, Emil, Indianapolis.

IOWA.

Eslick, L. E., Rockwell City----------Ft. Riley
Schmaltz, Walter F., Mt. Ayr----------Camp Upton, L. I., N. Y.

KANSAS.

Brinkley, John R., Milford.
Brubaker, C. F., McPherson----------Hospital Training No. 37, Camp Funston
Lawrence, E. K., Great Bend----------Camp Dodge, Iowa
Rinehart, J. H., Quintar.

KENTUCKY.

Alexander, H. T., Fulton----------U. S. General Hospital No. 5, Ft. Ontario, N. Y.
Burrow, R. C., Cunningham.
Farabough, J. A., Clinton.
Hodge, Otto P., Grant Lick----------In France

Hughes, Walter B., Newport----------Army Medical School, Washington, D. C.
Nestley, Edward J., Covington.
Staughton, J. N., Covington----------Camp Sevier, Greenville, S. C.
Ray, W. E., Staub.

MICHIGAN.

Kling, Harry A., Montague.
McLaughlin, Nelson, Lake Odessa----------Aviation Camp, Waco, Texas
Pangburn, Leon E., Detroit.
Blakemore, J. M.

MISSOURI.

Cook, E. F., St. Joseph.
Frazier, C. E., Kansas City----------Camp Hancock, Ga.
Hurwitt, Frank, Kansas City.
Weisner, B. F., St. Louis----------Anniston, Ala.

NEBRASKA.

Linquist, A. L., Omaha----------Camp Zachary Taylor, Louisville, Ky.
Osborne, J. W----------Ft. Riley, Kansas
Jester, Dr., Bethany----------Deming, N. M.
Methany, H. B., Lincoln----------Ft. Riley, Kansas
Methany, Sam E., Cairo----------Ft. Riley, Kansas
Morrow, Carl, Lincoln----------Ft. Riley, Kansas
Spealman, J. F., Lincoln----------Second Field Hospiltal Corps, Nebraska
Swartwood, F. M., Lincoln.
Wilmeth, H. D., Lincoln----------Ft. Pike, Ark.

NEW YORK.

Alexander, H. T----------U. S. General Hospital, No. 5
Bernstein, James, Brooklyn----------In France
Scaison, H., New York----------In Navy
Shelly, H. J., Middletown----------Ft. Oglethorpe, Ga.
Strahl, Milton, Brooklyn, N. Y.
Terwillinger, Frederick, Spencer----------Ft. Oglethorpe, Ga.

NEW JERSEY.

Messinger, C. J., Butler----------Hazelhurst Field

OHIO.

Ambrose, W. H., New Petersburg----------Camp Grant, Ill.
Bayless, C. O., Dayton----------Belleville, Ill.
Bechtel, R. H., Dayton----------Ft. Oglethorpe, Ga.
Beaman, Chas. W., Cincinnati------Base Hospital, Fox Hills, Staten Island, N. Y.
Carey, William H., Bellefontaine----------In France
Calloway, F. C., Marysville----------In France
Connor, Franklin, Sidney----------In France
Curl, G. R., Edgerton
Davis, Claude, West Liberty----------Fulham Hospital, London, England
Deeds, C. R., Dalton----------Camp Gordon, Ga.
DeCrow, R. W., Sciotoville----------Camp Gettysburg, Gettysburg, Pa.
Demuth, F. F., Cecil.
Dunton, Allen H., Cincinnati----------In France
Englerth, Benj., Delaware----------In France
Falk, J. B., Cincinnati----------Ft. Oglethorpe, Ga.
Gibson, Harold, Blanchester----------In France
Hagen, J. S., Cincinnati----------Base Hospital Unit, No. 25, France
Hanna, Myron, Scott----------Camp Funston, Kansas

Harding, C. L., Bellevue----------Ft. Oglethorpe, Ga.
Holston, J. D., Massillon----------Base Hospital, Camp Zachary Taylor
Keller, N. H., Cincinnati----------Base Hospital, Camp Sevier, Greenville, S. C.
Kemmill, O. P., New Madison.
Krohn, Clifford, Morrow----------South Baltimore, Md.
Layport, W. L., Cincinnati----------Ft. McPherson
Leiser, W. A., Ft. Recovery----------Base Hospital, Camp Sevier, Greenville, S. C.
Mattox, S. W., Marion.
Miller, L. D., Toledo----------Newport News
Moats, George E., Antwerp.
Mundy, Carll S., Toledo----------Base Hospital, Ft. Riley, Kansas
Murr, Paul A., Galion----------Beauregard, La.
Musgrave, A. C., Ohio City.
Naus, Walter, Upper Sandusky.
Nellans, Byron H., Cincinnati----------Honorably Discharged
Owry, F. J., Cincinnati----------342d Field Hospital, Camp Grant, Ill.
Peterson, M. L., Cincinnati----------Camp Sherman, Ohio
Postle, Franklin D., Delaware----------In France
Postle, Robert S., Akron----------In France
Powers, H. W., Amherst----------In France
Powers, R. E., Akron----------Camp Custer, Battle Creek, Mich.
Salisbury, J. W., Toledo----------Ft. Oglethorpe (discharged)
Schirack, C. J., Coldwater----------Base Hospital, Hempstead, L. I. N. Y.
Siddall, J. D., Kalida----------In France
Skeels, Everett, Akron----------Columbus Barracks, Columbus, Ohio
Snell, Albert L., Cincinnati----------Hoboken, N. J.
Sponseller, Fred M., Wellington.
Stefanski, Clarence, Youngstown----------Ft. Oglethorpe, Ga.
Taylor, Neil E., Cincinnati----------Camp Laurel, Maryland
Tidball, C. W., Norwood.
Van Buren, R. C., Carey----------In France
Van Horn, A. M., Findlay----------Hospital No. 25, Rouen, France
Walker, M. F., Cincinnati----------Ft. Oglethorpe, Ga.
Weiser, Walter J., Marion----------Camp Devens, Mass.
Williams, Fred O., Columbus----------Hampton Roads
Winans, J. V., Madison----------Ft. Adams, R. I.
Wottring, L. C., Cincinnati----------McCook Aviation Field, Dayton, Ohio

OKLAHOMA.

Akers, W. D., Tyrone----------Base Hospital, Camp Doniphan, Okla.
Athey, J. V., Bartlesville----------Camp Custer, Battle Creek, Mich.
Humphrey, D. W., Owasse----------In France
McCreery, R. C., Erick.
Tucker, William M., Sulphur.

OREGON.

Rankin, J. S., Newberg----------Camp Lewis, Washington

PENNSYLVANIA.

Glenn, W. S., Jr., State College----------Base Hospital, No. 116, France
Long, F. H., Coopersburg.
Monroe, Harry S., Waldridge----------In France

SOUTH DAKOTA.

Collins, W. P., Howard.
Goldman, E. W., Madison----------Ft. Riley, Kansas
Raber, D. D., Buffalo.

TENNESSEE.

Dykes, L. M., Johnson City----------Camp Meade, Md.
Hite, J. Harvill, Nashville----------Camp Sherman, Chillicothe, Ohio

TEXAS.

Standlee, T. H., Lyra.
Stagner, G. H., Waco----------Bellevue Hospital, New York

WEST VIRGINIA.

Hays, S. D., Flemington.
Halterman, C. W., Weston----------In France
Lambert, A. C., Charleston----------In France
Musick, R. M., Gilbert----------Ft. Oglethorpe, Ga.
Rinehart, A. B., McMechan----------Camp Dix, Wrightstown, N. J.
Yost, H. R., Fairmont.

WISCONSIN.

Brewer, J. C., Jefferson----------Camp McArthur, Waco, Texas
Hawley, C. W., Minocqua.
Rodecker, D. C., Holcomb----------Ft. Benjamin Harrison, Indiana

WASHINGTON.

Bordsen, Theodore L., Seattle----------Ft. Riley

NEWS AND NOTES.

ARKANSAS.

The thirty-eighth convention of the Arkansas Eclectic Medical Association was held at the Hotel Manon, Little Rock, May 15 and 16.

CALIFORNIA.

A sentence of ten years' imprisonment in the federal prison at McNeill Island, Wash., and a fine of $5,000 was imposed by the United States District Court at Los Angeles, July 3, on "Dr." Frank Howenstein, for conspiracy to obstruct the selective draft law. The defendant was alleged to have induced draft registrants to undergo treatment for their eyes which would cause them to be rejected as unfit for military service.

The licenses of the following San Francisco physicians were said to have been revoked by the state board of medical examination and registration: Dr. George W. O'Donnell, convicted of illegal advertising; Dr. William L. Owen, convicted in New York courts of crime involving moral turpitude for which he served in the federal prison, Atlanta; Dr. James Hegyessy, for advertising with intent to deceive, and Dr. Marion Thrasher and Fischer R. Jordan, convicted of aiding, abetting or offering to procure an illegal operation. Dr. Frederick W. F. Riehl, Alameda, is said to have been found guilty of advertising to cure sexual diseases and to have been granted probation for two years. Dr. Frank Duncan was convicted on the charge of malpractice; Dr. Robert D. Shoults, of using prefix or suffix tending to show holder to be entitled to practice along other principles, granted probation for two years. Drs. J. E. Thompson and Robert J. G. O'Connell were dismissed, and Drs. Albert P. Woodward and Ephrin Northcott were con-

victed for aiding, abetting or offering to procure an illegal operation. In these cases adjudgment was suspended until 1920. The board also refused to restore the license, which was revoked some time ago, of Samuel R. Chamley, a so-called "cancer specialist."

COLORADO.

Dr. Chas. H. Burgon, Delta, was operated on for appendicitis in the Red Cross Hospital, Salida.

CONNECTICUT.

During the past year Yale University has raised the endowment of $2,000,000, which secures an additional half million from the general education board for the purpose of putting on the full-time clinical basis, the departments of medicine, surgery and obstetrics and gynecology. Of this sum, $250,000 was given by the Carnegie Corporation. While it will not be possible during the war to completely organize the clinical departments mentioned, this will be done as far as possible. The contract with the New Haven Hospital has been amended so as to give the medical school complete control of the public wards. The organization of the New Haven Hospital has been altered as the result of recommendations made by Col. Winford H. Smith, Baltimore, after a survey. A closer affiliation between the Connecticut Training School for Nurses and the medical school has been brought about.

GEORGIA.

The Georgia Eclectic Medical Association held one of the largest and most successful meetings in several years at the Kimball Hotel, Atlanta, April 10 and 11.

INDIANA.

The Indiana Eclectic Medical Association held a very good session at Indianapolis in May. The following officers were elected: President, McGuire Porter, Elnora; first vice-president, J. H. Ashabranner, New Albany; second vice-president, J. W. Gage, Indianapolis; secretary, J. Earl Holman, Indianapolis; treasurer, Chas. W. Tindall, Shelbyville.

J. D. McCann, of Monticello, is secretary of the Railway Surgeons' Association of the Pennsylvania Lines, which met at the Hotel Gibson, May 27 and 28.

The State Board of Medical Registration and Examination passed a resolution in January discontinuing the translation of examination questions into foreign languages. The last questions to be printed in a foreign language were at the June examinations of the board for two graduates of the University of Athens, Greece, who had made application for the examination prior to the passing of this resolution.

IOWA.

At a recent meeting, the Iowa State Board of Medical Examiners voted that all applicants seeking a license to practice in Iowa after July 1, 1923, shall be required to have completed an interne service of not less than one year after graduation from a medical school in a hospital approved by the

Iowa board. This requirement applies to all students beginning the study of medicine after July 1, 1918.

In an effort to stop the spread of infantile paralysis in Dubuque, the authorities have ordered all the theaters, Sunday schools, playgrounds and other places where children gather to be closed. Since July 4, there have been forty-two cases reported with ten deaths. Dr. Edward C. Rosenow arrived at Dubuque, July 9, with laboratory equipment from the Mayo Foundation, Rochester, Minn., and has started work to check the epidemic.

KENTUCKY.

The thirtieth annual meeting of the Kentucky Eclectic Medical Association was held in Louisville on April 24 and 25 at the Hotel Henry Watterson with a fair attendance. The technical papers were good and much benefit was derived from their discussion. Lieut. F. L. Hosman, M. R. C., of Camp Zachary Taylor, gave a very interesting demonstration of the "gas mask" and the "first aid kit," which is being used by the Medical Corps. Thursday afternoon he personally conducted the members and their wives through the Base Hospital. This was a most enjoyable trip. Wednesday evening, the members and ladies were the guests of the Louisville Convention and Publicity League at Keith's "Vodvil." Dr. C. R. Burrows, of Cunningham, was elected president, and Dr. A. T. McKinney, of Elkton, vice-president; the secretary-treasurer was re-elected. The next meeting was left to the decision of the executive committee. Six new applications were received and eighteen paid state and national dues.

There are two state boards of health in existence in the state of Kentucky at present. The new board named by Governor Stanley consists of Drs. Carlos A. Fish, Frankfort; George T. Fuller, Mayfield; Josiah G. Furnish, Covington, and H. Harvey Carter, Shelbyville, who are members of the old board, Dr. Argus D. Wilmoth, Louisville, and Elijah H. Maggard, Wayland, who are members of the State Tuberculosis Commission, Dr. Oscar C. Dilly, Louisville, whose name was submitted by the Kentucky Pharmaceutical Commission and the State Board of Pharmacy, and Dr. Carl Lewis Wheeler, Lexington, and John D. Williams, Ashland, members from the state at large. The tenth member elected by the appointed members is Dr. William L. Heizer, Bowling Green, formerly secretary of the State Tuberculosis Commission, who, by virtue of his office, becomes executive officer and secretary of the board. At the first meeting of the board, Dr. Willmoth was elected president, and Dr. Wheeler, vice-president. After hearing arguments on July 12 on a motion to dissolve the injunction granted by Judge Stout, of the Franklin Circuit Court, enjoining the newly named board of health from performing the duties imposed on it by the legislative act of March 4 last, the Court of Appeals of Kentucky, sitting in special session in Louisville, took the question under submission, and announced that the injunction would prevail until the matters involved are finally determined by the court. As a constitutional question is involved and the briefs submitted contain numerous references, further time was needed by the court.

Under the ruling the new board of health appointed by Governor Stanley is without jurisdiction and the old board of health, of which Dr. J. N. McCormack is secretary, is acting.

MICHIGAN.

It is announced that the Henry Ford Hospital, Detroit, was closed June 15th, and that at present ninety employees of the institution are enlisted in various plants of the United States service, and of these forty-two are already active. The hospital has accommodation for four hundred patients, and will, it is believed, be utilized for the care of wounded and convalescent soldiers.

MISSOURI.

The governor, July 9th, reappointed Dr. T. Hurly Wilcoxen, Bowling Green; Thomas A. Son, Bonne Terre, and Emmett P. North, St. Louis, members of the State Board of Health for a period of four years.

NEW YORK.

The Labor League of New York City is preparing to take a definite stand in the coming fall campaign to insure the welfare of its members and their fellow-workers in New York state. In the program prepared for presentation at the Republican convention, this organization comes out definitely as favoring the establishment of state-administered health insurance and the creation of a bureau of sickness prevention and health protection within the state labor departments; for the erection and maintenance of a tuberculosis sanitorium in each county, with county management and state supervision, and for old age pensions for citizens who, at sixty years of age, are without incomes and have been residents of the state for twenty-five years.

A group of specialists in children's diseases met some time ago in the New York Academy of Medicine and organized a committee on the war-time problems of childhood. After a study of the problems involved, the need of a larger organization was demonstrated. The matter was referred to Secretary Lane, of the Department of the Interior, who urged the formation of a national committee. As there are already so many organizations in existence working on these lines, it was decided that this committee should be affiliated with the National Child Labor Committee. Accordingly, an organization to promote the health of school children has been formed as one of the branches of the Child Labor Committee. The program of this committee, as outlined, includes the following lines of activity: (1) To teach health habits to children and to secure adequate health examinations for all children in the public schools of the country. (2) To consider the urgent problem of malnutrition among school children. (3) To safeguard the health of children in industry. (4) To awaken the public to the necessity of conserving the health of school children as a basis of national security and stability. (5) To promote or co-operate with other bodies in securing legislation for the attainment of these objects. Among those on the executive committee are Dr. L. Emmett Holt, New York; Dr. Samuel McC.

Hamill, Philadelphia; Dr. Godfrey R. Pisek, New York; Dr. Victor G. Heiser, New York, of the United States Public Health Service; Dr. Bernard Sachs, New York, and Dr. Thomas D. Wood, New York. The headquarters of the committee are at 289 Fourth Avenue, New York.

Announcement has been made by James E. McBride, civil service commissioner, that the Health Department inquiry has been indefintely postponed and that future investigation will be in the hands of the health commissioner, Dr. Royal S. Copeland. Dr. Sigismund S. Goldwater sent in his resignation as a member of the advisory board of the Department of Health. This Dr. Copeland has refused to accept and signifies his intention of retaining both Dr. Goldwater and Dr. Abraham Jacobi. Dr. Charles F. Bolduan has sent in his resignation as director of the Bureau of Public Health Education, which has been accepted.

A resolution presented by the Columbia faculty of medicine, adding a clinical year to the medical curriculum, has been adopted by the trustees of the university. A plan for the fifth year has been outlined whereby there will be a redistribution of clinical subjects, which will be transferred to the final clinical year. The clinical year will be conducted under college discipline, and will be made effective for the class entering in September, 1918.

The United States Base Hospital at Fox Hills, Staten Island, is completed and ready to care for wounded soldiers. This hospital is said to be the largest on the Atlantic coast and has been erected in record time. It was started ninety days ago, within which time seventy-five buildings have been completed. Among the buildings are three hospital buildings equipped with 1,000 beds each. Major C. A. Simons is in charge of the hospital. It is reported that the government has plans for doubling the size of the hospital.

After the hearing, July 5th, at which Dr. Lucius P. Brown defended himself against the charges preferred against him by Mayor Hylan and Commissioner McBride, Health Commissioner Copeland expressed admiration for the official accomplishments of Dr. Brown. He admitted that the results of Dr. Brown's work were of value to the city and acquitted him of the charges alleging administrative mistakes.

The government has signed a contract by which the Hotel Nassau, Long Beach, L. I., will be taken over early in September for use as an army convalescent hospital. It is estimated that 2,000 convalescents can be accommodated.

A recent bulletin of the New York State Health Department points out that it is not always advisable to close the schools in order to control an outbreak of measles. When measles appeared in Kingston, the sanitary supervisor, Dr. Laidlaw, made a survey and found that there had been 355 cases of measles reported to the city health officer. A survey of the schools showed that 83 per cent. of the children in the parochial schools, and 79 per cent. of the children in the public schools, were immune to measles. The question to be determined was, whether it was better to close the schools to 2,268 children who were immune, or to watch 756 children who were

non-immune. The latter course was decided on. Just as soon as a child exhibited signs of measles he was sent home. By daily visits to the schools, the school physician was able to detect and control the beginning cases.

OHIO.

Dr. Harry D. Todd has been elected chief of staff of the staff of the Akron City Hospital.

Dr. Allison Van Horn, of Findlay, who has been on duty in Rouen, France, is convalescing from a severe attack of sickness and is now in England.

Commissioner Allen W. Freeman, Cincinnati, who has been head of the State Department of Health since last October, has been called to military duty and Deputy Commissioner James E. Bauman will direct the work of the health department.

Dr. Claude Davis, of East Liberty, serving with the British army in France, was gassed on the Somme sector and at the same time suffered the loss of his hearing, according to recent report. He was caught in a dugout when the Germans made an attack with shells and gas bombs. Dr. Davis writes that he believes he will recover his hearing.

Drs. L. E. and E. M. Overhulse have located at Holgate.

Dr. Franklin Postle, who is connected with the Rainbow Division as a regimental surgeon, has also been gassed, as has also his brother, Swinton Postle.

L. W. K. Tracey has moved from Harrison to 408 Southview Avenue, Fairview Heights, Cincinnati.

The seventy-third annual commencement exercises of the Eclectic Medical College were held at the Memorial Hall, Tuesday evening, May 14th, at eight o'clock. Invocation by the Rev. S. Clark Riker. Dean's report, Dr. R. L. Thomas. Annual address, Pliny A. Johnston, superintendent Hamilton County schools. Xylophone solo, Clifford G. Link. Hon. Aaron McNeill, president of the Board of Trustees, conferred the doctor's degree upon the following graduates: Jos. Bruce Alexander, Ohio; Fred McKinley Bantum, Ohio (Deaconess Hospital, Cincinnati, Ohio); Mark E. Bowles, Illinois; Charles F. Culley, West Virginia; Henry W. Dierksheide, Ohio; A. David Echert, Kentucky (Metropolitan Hospital, New York City); George T. Fuller, Jr., Kentucky; Chester B. Gardner, Washington (Deaconess Hospital, Cincinnati, Ohio); John F. Heath, Jr., Ohio (St. Vincent's Hospital, Bridgeport, Conn.); Matthias Higgins, Jr., Kentucky (Cincinnati General Hospital); George M. Hite, Jr., Tennessee (Cumberland Street Hospital, Brooklyn); Charles W. Larkins, Kentucky (Cumberland Street Hospital, Brooklyn); Charles J. Miller, Ohio (Akron, Ohio, City Hospital); Harold F. Minshull, Ohio (St. Mary's Hospital, Cincinnati); Grady V. Morgan, West Virginia; Edward J. Nestley, Kentucky (Metropolitan Hospital, New York City); Elizabeth M. Overhulse, Kentucky (Grace Hospital, Detroit); Lloyd E. Overhulse, Ohio (Grace Hospital, Detroit); King Paige Palmer, Nebraska (Seton Hospital, Cincinnati, Ohio); David R. Price, Ohio; Emmett

L. Thomas, Ohio (Deaconess Hospital, Cleveland, Ohio); Jorier Yost, West Virginia (Metropolitan Hospital, New York City).

The regular quarterly meeting of the Ohio State Medical Board was held in Columbus, July 1 and 2. Certificates to practice medicine and surgery were issued to 125 graduates in medicine, and four failures, as the result of the previous June examination. Nine Osteopaths passed and two candidates were failed by the Osteopathic Board. Six midwives passed on examination; seven Chiropodists passed on examination and one failed. The following reciprocity certificates were issued to physicians, based upon previous state board examinations: J. H. Wallace, Univ. Ill. '08, Illinois; V. E. M. Osorio, Univ. La. '16, Kentucky; H. S. Applebaum, Johns Hopkins '16, Maryland '16; R. F. Codrington, McGill (Canada) '02, Michigan '02; B. E. Mossman, Jr., Univ. Pa. 1900, Pa. 1900. Without previous examination on diploma registration: Vera V. Norton, Woman's College, Chicago, '99, Ill. '99; A. J. Swezey, P. and S., Iowa, '97, Iowa '97; W. Monfort, Louisville Med. College '87, Ky. '93; J. M. Knowton, Boston Univ. '83, Penn. '93. Two applicants were refusced reciprocity certificates. Five nondrugless certificates were issued, three were rejected, and three cases were postponed. The attorney general ruled that the State Medical Board had no legal authority to recognize the examinations or certificates of the National Board of Medical Examiners. The board continued the recognition of fifty-nine training schools for nurses connected with various Ohio hospitals, two additional schools were granted recognition, and four schools voluntarily discontinued during the past year. One hundred and twenty-nine inspections were made of nurses' training schools during the past twelve months. All of the fifteen applicants of the Eclectic Medical College passed the Ohio examinations. They are: Grady V. Morgan, Charles J. Miller, Henry W. Dierksheide, Mark Bowles, Jos. B. Alexander, Charles J. Larkins, Lloyd E. Overhulse, Fred M. Bantum, Harold F. Minshull, Emmett L. Thomas, Charles F. Culley, A. David Echert, Karl C. Kimmell, David R. Price and Jorier Yost.

Dr. R. L. Thomas, dean of the Eclectic Medical College, has been appointed a member of the Medical Section of the Council of National Defense of Ohio. This council expects to send out a questionnaire to every physician in Ohio between the ages of twenty-two and fifty-five, who are not now in army service, to determine the possibility of their going into service soon with a view of trying to provide at least five hundred additional men, which is Ohio's new quota.

The annual meeting of the Alumnal Association was held at the college, May 14, at 2:30 P. M., Byron H. Nellans, vice-president, presiding. Treasurer's report showed a balance of $216.33. One hundred dollars was ordered donated to the College Endowment Fund. This is the usual annual contribution. A valedictory address was made by Dr. Charles J. Miller, Class 1918. Twenty-one new members were admitted. The Class of 1917 presented the college with a handsome service flag, containing eighty-six stars. The Class of 1918 presented a large American flag. The following

officers were elected for the ensuing year: President, W. E. Postle, Shepard, Ohio; first vice-president, Chas. J. Miller, Stone Creek, Ohio; second vice-president, M. Higgins, Jr., Newport, Ky.; secretary, Cloyce Wilson, Cincinnati; treasurer, O. W. Schwarz, Cincinnati.

A special meeting of the Ohio State Medical Board was held in Columbus, May 6, 1918, all members present. The certificate of Dr. Franklin Stuart Temple, of Ashtabula, Ohio, a graduate of the Albany Medical College in 1892, was revoked for illegal advertising. It is alleged that he had been traveling from town to town and advertising himself as the "Human Magnet." A reciprocity certificate was granted to Dr. Edwin H. Pratt, of Chicago, on the basis of diploma registration from Illinois, 1877. He intends locating in Cleveland. Tonizo Tannaka, an unlicensed Chiropractor, was refused admission for the examination on the basis of his recent graduation from the Palmer School of Chiropractic, Davenport, Iowa, as such school has refused permission of an inspection to the board, and is not on the recognized list. A reciprocity certificate was granted to Dr. Alexander Solomon Wolfe, of St. Louis, on diploma registration in Missouri, intended residence, Cleveland. The National Board of Medical Examiners was again notified that the board had no authority to recognize their examination for reciprocity certificates. Further consideration of possible changes in the nurses' regulations and in the cult regulations was referred to a special committee.

OREGON.

At a recent meeting of the Oregon State Board of Medical Examiners, the following officers were elected for the ensuing year: Dr. Urling C. Coe, Bend, president; Dr. Frank E. Smith, Portland, treasurer, and Dr. Frank W. Wood, Portland, secretary.

PENNSYLVANIA.

Five large structures, including an administration building and four dormitories, forming the group of buildings now under construction for the use of the city's insane at Byberry, have been tendered by the city, through Mayor Smith and Director Wilmer Krusen, of the Department of Health and Charities, to the government as a military base reconstruction hospital. The offer was made by Director Krusen while in Washington recently and was accepted by the surgeon general. The five buildings in question are surrounded by a tract of land containing about two hundred acres. The four dormitory buildings will have accommodation for about eight hundred patients, but, with a little adjustment, the capacity can be increased to one thousand. Each building is about 50 per cent. completed, and fully 95 per cent. of the materials for finishing the structures is now on the ground. The cost of this particular group of buildings is $1,250,000. It was arranged at the conference that the surgeon general will co-operate through the vocational board of the army, and that the personnel of the base hospital will be under the supervision of the surgeon general.

MISCELLANEOUS.

Effects of Heat, Cold and Fatigue in Encouraging Infections.

Frogs ordinarily do not become sick if injected with anthrax germs, a very deadly germ which readily kills cattle and also men. If such frogs, however, are kept in a warm room at blood-heat temperature, they will rapidly become sick and die of anthrax. In the case of chickens, which also do not readily take anthrax, sickness and death follow the injection of anthrax germs, provided the chickens are chilled by keeping them standing in cold water. White rats ordinarily are quite resistant to anthrax germs. Yet they readily become sick and die after being injected with anthrax germs, provided they have first been fatigued. It is a simple matter to fatigue a rat in the laboratory by making the animal run a treatmill. Various animals can be readily infected with disease germs, to which they are ordinarily resistant, if their resistance is reduced by alcohol.—Circular, *Bureau of Public Education,* to soldiers in the army camps regarding pneumonia, etc.

Paraffin Paper as a Surgical Dressing.

We wish to call the attention of the profession to the use of paraffin tissue paper as a dressing for burns, or any other condition where a non-adherent dressing is desirable.

On account of the small supply of gauze and its high cost, you will find this a most excellent dressing. It is far superior to the paraffin dressing of burns as applied by the spray method, is much more easily and very much more rapidly applied, and results in more rapid healing of the burned surface; also it is more easily removed.

In the first stage of burns when the pain is great, the various ointments now in use can be applied directly to the paraffin paper and this applied to the burned area after all vesicles have been opened. It has the advantage of excluding the air, which relieves the pain of the burns, and also is very readily removed at the time of redressing, leaving the developing granulations unaltered.

Note.—First dressing—pure vaseline on paraffin paper—applied direct to burn—over this a layer of cotton and the usual bandage. The paper being impervious to moisture, the seeping of serum from the injury runs out, away from the raw surface, and is absorbed by the outer dressings beyond the injury. There is no sticking to the burn or other wounds when dressings are removed. Dressings once in two or three days have proven by experience to be sufficient in most cases. However, certain cases may require more frequent dressings.

Paper bandages which are now being universally used, perhaps more through necessity than choice, have been found to work well in certain dry dressings. But the thought arose, what a great saving could be accomplished if they could be used on moist dressings or dressings where there was considerable oozing or drainage. Here again, the paraffin paper can

be utilized as a barrier between the moist dressing and the paper bandage. It has the desired effect of keeping the moisture inside the dressing and prevents the paper bandage from becoming wet and tearing easily.

The use of the paper was accidentally discovered by one of us in our desperation to have at hand a suitable dressing for a large severe burn at patient's residence, and, much to our surprise, it was ideal in this case. We have been using it in numerous other cases and only a few of its uses have been called to your attention. It can be used where oil silk or rubber tissue have been used in the past, but a double sheet should be used in those cases, or, as we wish to secure soon, a heavier coated paper.—Drs. W. M. Elwell, Chas. M. Harpster and Rod M. Campbell, Toledo, in *Ohio State Journal.*

OBITUARY.

Allen, Woodson, Eclectic Medical Institute, Cincinnati, 1884, died at his home in Berkeley, Cal., June 30, aged sixty-four.

Bailey, Charlotte Kent, Bennett Medical College, Chicago, 1910, died at her home in Lyons, Ill., April 29, aged forty.

Brooks, Firmen C., Eclectic Medical College of Pennsylvania, Philadelphia, 1866, died at Chicago, April 16, aged sixty-five.

Bunnell, William O., Eclectic Medical Institute, Cincinnati, 1894, member of the Pennsylvania and National Eclectic Medical Associations, died at his home in Wilkes-Barre, Pa., April 20, aged fifty.

Carmichael, John W., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1886, died at his home in Atlanta, Ga., May 2, aged sixty-eight.

Claunch, James R., at Jonesboro, Ark., April 3, aged eighty-five.

Gregg, Elijah H., American Eclectic Medical College, Cincinnati, 1887, member of the Indiana State and National Eclectic Medical Associations, died at his home in Muncie, Ind., April 26, aged fifty-seven.

Hawthorne, O. P., Reform Medical College, Macon, Ga., 1860, died at his home in Due West, S. C., May 9, aged eighty-two.

Hurst, George Alfred, Eclectic Medical Institute of Cincinnati, 1884, member of Ohio State and National Eclectic Associations, died at his home in Dorset, Ohio, May 12, aged seventy.

Leming, I. K., St. Louis Eclectic Medical College, 1877, died at Kansas City, June 2, aged sixty-five.

McDonald, James H., American Eclectic Medical College, St. Louis, Mo., 1877, died at his home in Pyullup, Wash., April 28, aged seventy-seven.

McFarland, Lewis Robert, Eclectic Medical Institute, Cincinnati, 1883, died at his home in Transfer, Pa., May 15, aged sixty-eight.

Perrins, John, Eclectic Medical Institute, Cincinnati, 1873, member of the Massachusetts and National Eclectic Medical Associations, died at his home in Boston, Mass., May 17, aged seventy-nine.

Purkhiser, William S., Eclectic Medical Institute of Cincinnati, 1898, died at his home in Moscow, Ohio, June 4, aged fifty-three.

Read, John A., Bennett Medical College, Chicago, 1904, died at his home in Tecumseh, Kansas, May 16, aged eighty-three.

Severance, William Sidney, Eclectic Medical Institute, Cincinnati, 1853, died at his home in Greenfield, Mass., July 1, aged eighty-nine.

Tyrrell, Charles Alfred, Eclectic Medical College of the City of New York, 1900, died at his home in New York City, July 2, aged seventy-five.

Vincent, John Alexander, Eclectic Medical Institute, Cincinnati, 1868, died at his home in Springfield, Ill., May 16, aged eighty-seven.

Wheeler, Charles Henry, Eclectic Medical College, Cincinnati, 1889, died at his home in Fall River Mills, Cal., April 11, aged fifty-eight.

Memorandum for the Surgeon General of the United States Army.

At a meeting of representatives of well-recognized medical schools in Chicago, June 11, 1918, called by the Surgeon General of the Army, the following Advisory Committee on Medical Schools was chosen to act as representative of the medical schools in co-operation with the Medical Department of the Army: Ray Lyman Wilbur, president of Leland Stanford University, chairman; Dr. William J. Means, president of the Association of American Medical Colleges; Dr. Samuel W. Lambert, dean of Columbia University College of Physicians and Surgeons; Dr. J. Whitridge Williams, dean of Johns Hopkins University, Medical Department; Dr. Theodore Hough, dean of the University of Virginia Department of Medicine; Dr. John M. Baldy, president of the Pennsylvania Bureau of Medical Education and Licensure, and Dr. N. P. Colwell, secretary of the Council on Medical Education of the American Medical Association, secretary.

June 12, this committee met in conference with the Standing Committee on Medical Education of the Medical Department, consisting of Col. F. F. Russell, Col. V. C. Vaughan, Lieut.-Col. W. H. Welch and Lieut.-Col. H. D. Arnold.

It was voted that Dr. W. A. Pierson, of Philadelphia, and Dr. John K. Scudder, of Cincinnati, be added to the Advisory Committee on Medical Schools as representatives, respectively, of the American Institute of Homeopathy and the National Eclectic Medical Association.

The following recommendations were unanimously adopted:

It is recommended that only such medical schools as are amply equipped with teachers, laboratory facilities and clinical material be permitted to enter at this time on a plan of continuous sessions.

It is recommended that the Surgeon General approve of summer sessions for senior students in such well-recognized medical schools, as, in his opinion, can furnish the instruction without lowering educational standards.

We approve of the following recommendations in the memorandum from the Surgeon General to well-recognized medical schools, dated May 24, 1918:

Other Provisions for Students During the Summer of 1918.—Provision should be made for all students who have conditions—either entrance

conditions or those incurred in the medical course—to remove these conditions before the opening of the fall session. The plan of continuous sessions leaves little opportunity for making up conditions, and students who are left on inactive status must make normal progress with their class.

Please notify your students of the wishes of the Surgeon General in this matter.

Students with remedial physical defects should be urged to have these removed during the coming summer. The desirability of thus saving time, and of securing a more complete recovery before active service, is obvious.

Students who must earn money in order to continue their medical education may be allowed to do this during the summer of 1918.

Students who are not provided for by the foregoing arrangements should devote the vacation period to clinical or laboratory work which would better fit them for the duties of medical officers. Schools which can not organize complete courses for all classes in the school can render valuable service by organizing special courses for some of these students.

It is not practicable for the Medical Department to organize summer military training this year for medical students on an extensive scale.

By these arrangements every medical student on inactive status in the Medical Enlisted Reserve Corps may utilize the summer in active preparation for better service as a medical officer. It is believed that no patriotic enlisted man will be satisfied to take a long vacation when his drafted relatives and friends are in active military service.

Freshman Class.—Those medical schools which have heretofore held regular summer sessions will, of course, be permitted to continue the admission of students to the freshman class at this time. Schools which adopt the continuous session plan to begin this summer may organize a freshman class to begin the course between June 1 and July 1, 1918.

Well-recognized medical schools are authorized to begin matriculation of the freshman class of 1918-1919 at once, whether the next session begins this summer or in the fall. A *bona fide* matriculation will be accepted as establishing membership in the class, as affecting eligibility for enlistment in the Medical Enlisted Reserve Corps.

Entrance Requirements.—Permission to enlist in the Medical Enlisted Reserve Corps must now be obtained from the Surgeon General's office for each individual case.

Such permission will be granted in the case of medical students, who matriculate in the freshman class of the regular medical course, only when the dean's affidavit shows that matriculation has been based on acceptable credentials which meet the following entrance requirement:

The full completion of fourteen units of secondary education, and, in addition, studies of collegiate grade as follows:

1. In those schools which are members of the Association of American Medical Colleges, at least sixty semester hours of college premedical work in a well-recognized university, college or medical school, including at least twenty-four semester hours in chemistry, biology and physics. Credit for at least ten of these twenty-four hours must be for laboratory work, and there shall be credit for at least six semester hours in each of the three sciences of chemistry, biology and physics.

2. In those schools which now require at least two years of college work for entrance, the same requirements, whether members of the Association of American Medical Colleges or not.

3. In those schools which are not members of the Association of American Medical Colleges, and have not heretofore required two years of college work for entrance and have not announced a two-year entrance requirement

for the session of 1918-1919, at least thirty semester hours of college work of which at least eight semester hours are in chemistry, eight in biologic sciences, and six in physics; and of these at least four semester hours shall be for laboratory work in chemistry, at least four in biologic sciences, and at least two in physics. All these specifications must be fully met without any conditions and all must be collegiate work.

Limitations of Numbers.—While it is desirable to train as many medical students as possible, and all good schools should be encouraged to accept students to the limit of their capacity, it is also essential that enlisted medical students should obtain an adequate professional training in preparation for the duties of medical officers.

Unless they can obtain such satisfactory training, the Surgeon General will not be justified to leave them on inactive status. Therefore, the number of students admitted to the freshman class should be limited to a number agreed on after conference with the Surgeon General's office.

Preference in matriculation should be given to candidates who are already members af the Medical Enlisted Reserve Corps.

Preference should next be given to those who appear to be eligible to become medical officers on graduation. The question of physical fitness should receive consideration. The following facts in regard to nationality affect the problem: A person must be a full citizen in order to receive a commission, and will not be granted a commission if born in an enemy country, whether a citizen or not. Approval for enlistment, therefore, will not be given to those born in enemy countries, nor to other foreign-born students unless they have taken out first naturalization papers.

The admission of students who are not eligible for a commission in the army is not forbidden; but attention is called to the importance of first providing places for *all* who are eligible for military service.

It is recommended that when and where feasible the Surgeon General shall arrange for active military service for medical students during the summer vacations, with the object of shortening the time for completing their training as medical officers.

It is recommended that the Surgeon General consider as "well-recognized medical schools" only those which enforce as a minimum requirement for admission, two years of college work, including courses in physics, chemistry and biology.

It is recommended that the teaching forces of the schools, as well as the students, be included in the Student Army Training Corps, and that the teachers of all subjects who are otherwise eligible shall be commissioned with suitable rank in that corps.

It is recommended that eligible members of the faculties of well-recognized medical schools be commissioned with suitable rank in said corps, and that a sufficient number of these officers be assigned to duty in medical schools with periods of service long enough to provide for the efficient teaching of the medical students. Where feasible, it is desired that such officers alternate in active duty between service with the troops and teaching in medical schools.

It is further recommended that all students who are members of the Medical Enlisted Reserve Corps and the commissioned members of the faculty be required to wear uniforms. It is recommended also that similar

provision be made for commissions and uniforms for non-medical members of the faculties of well-recognized medical schools.

Major departments in a medical school can not be considered as adequately organized unless at least one competent man be retained in addition to the head of the department who can assume his duties.

It is recommended that teachers of medical schools inform themselves of the special application of their subjects to problems of war, and, so far as practicable, include such topics and application in their courses of instruction, always bearing in mind that they are training men for service in the army; and also consider the feasibility of an interchange between different schools of teachers possessed of this knowledge.

The committee calls special attention to the importance of continuing research work in our medical schools and of providing sufficient personnel for this purpose.

It is recommended that the machinery for carrying out these recommendations be in the office of the Surgeon General in conference with the dean or other authorized representatives of the medical schools.

The committee voted to present the same recommendations to the Surgeon General of the Navy, with the suggestion of the desirability of the adoption of the same measures as far as possible.

F. F. Russell, Colonel M. C., N. A.,
Chairman of the Standing Committee on Medical Education of the Medical Department U. S. Army.
Ray Lyman Wilbur,
Chairman, Advisory Com. on Medical Schools.

NEW APPLICATIONS FOR MEMBERSHIP, MARCH, 1918, TO AUGUST, 1918.

Texas.—Carmichael, C. T.
Kansas.—Shaffer, T. W., Salina; Towler, L. W., El Dorado.
Georgia.—Brantley, J. L. E., Atlanta; Fields, J. W., Atlanta; Freeman, J. M., Lavonia; Harbin, S. R., Canton; Kirkland, Grace, Atlanta; Martin, F. A., Bowden; Swain, W. H., Griffin; Vanzant, C. V., Douglasville.
Indiana.—Roller, Chas. W., Indianapolis; Smiley, Jas. H., Indianapolis.
Arkansas.—Hicks, A. R., Lonoke; Sands, George L., Charleston; Tibbles, C. D., Smithville.
Tennessee.—McLaughlin, H. A., Memphis; Hite, Geo. M., Jr., Madison Station.
Missouri.—Birney, W. P., Center.
California.—Stone, Augusta, Los Angeles.
Oklahoma.—Babb, John C., Enid; Young, James, Britton.
Kentucky.—North, Edw. A., Newport.

SPECIAL NOTICE TO MEDICAL STUDENTS.

The memorandum issued by the surgeon general, and printed on pages 362 and 363 of the July *Journal* are present regulations of the surgeon general's office in regard to medical student enlistment. The portion marked recommendations on the lower two-thirds of page 364 have only been partially adopted. Students on inactive service are forbidden to wear uniforms, but must wear the caduceus, and are particularly warned never to go about without their white serial card in case they were registered June 5, 1917, or the blue registry card in case they were registered June 5, 1918.

COUNCIL OF NATIONAL DEFENSE, WASHINGTON.

To: State and County Committees, Medical Section, Council of National Defense.

Subject: Recruiting of Student Nurses.

1. This is to inform you that a nation-wide campaign to recruit 25,000 student nurses, both for the Army School of Nursing and for all accredited training schools connected with civilian hospitals, is to be launched on July 29.

2. It will be conducted under the direction of the Woman's Committee of the Council of National Defense upon the request of the Committee on Nursing, General Medical Board. It will be strongly supported by the co-operation of the Surgeon General's office, the American Red Cross, and of the General Medical Board and State Councils' Section of the Council.

3. It is designed to be a direct appeal from lay women to the young womanhood of America to enter upon a course of nurse training. The appeal will be made on the basis that every day of a student nurse's training represents a double patriotic service in that, while she is preparing for military duty later, she releases a graduate for military duty now and herself cares for the civilian population.

4. The Committee on Nursing and the Woman's Committee join me in urging the medical profession through our state and local committees to encourage the families of their patrons to respond to this call, and also to lend their hearty co-operation during the recruiting days. It is especially desirable to use this opportunity to point out the fact that the maintenance of local hospitals and the training schools connected with them is an imperative community obligation.

FRANKLIN MARTIN,
Member of the Advisory Commission.

WASHINGTON, July 8, 1918.

DR. W. N. MUNDY, Forest, Ohio.

Dear Mr. Mundy:—Yours of June 27th, inclosing resolution of thanks to General Noble is acknowledged. I am much obliged for your promise of support toward our common object—victory. Very truly yours,

W. C. GORGAS,
Surgeon General U. S. Army.

DR. W. N. MUNDY, WASHINGTON, July 4, 1918.
Secretary National Eclectic Medical Association, Forest, Ohio.

My dear Dr. Mundy:—Upon my return to Washington I find your letter of the 27th, enclosing copy of resolution expressing the feeling of your society in regard to the service. The resolutions are, aside from their bearing upon the question of medical attention and service to the country, a matter of sincere personal gratification to me.

With best wishes, Sincerely yours,

ROBT. E. NOBLE,
Brig.-General, Medical Corps, U. S. Nat. Army.

WASHINGTON, July 6, 1918.

From: Dr. Franklin Martin, Member of Advisory Commission.

To: Dr. W. N. Mundy, Forest, Ohio.

Subject: List of Nominees for State Committees.

1. I have handed the list of nominees for the State Committees of the Council of National Defense to Dr. McLean, secretary of the Committee on State Activities. I wish to thank you for the list.

2. It was a great pleasure for me to address your honored body.

FRANKLIN MARTIN,
Member of the Advisory Commission.

READING NOTICES.

THE ROMAN SIGN.—The Romans, in signifying their approval, turned their thumbs up, or their disapproval by thumbs down. Physicians signify their approval of the medicinal value of a product also by signs. For instance, ℞ Hayden's Viburnum Compound, ʒi t.i.d. or as required, administered in hot water. This is the invariable sign of those physicians who are familiar with the therapeutic efficiency of Hayden's Viburnum Compound in dysmenorrhea and other conditions where an antispasmodic is required.

For over fifty years this product has been before the profession, which is the best sign of its approval, and this approval has only been gained through its dependable value wherever the original product is administered. It is not a narcotic, and the New York Pharmaceutical Co., Bedford Springs, Bedford, Mass., would be glad to send you literature and samples for clinical purposes.

"I prescribe Tongaline very frequently as a remedy for excess of uric acid, which is often the cause of rheumatism, and it is my sheet-anchor for that condition. I also find Tongaline very beneficial in muscular pains, due to sluggish liver and inactive bowels. When a patient comes to me complaining of soreness all over, I place him upon Tongaline, and it has never disappointed me."

The advantage of Pasadyne (Daniel) as a sleep-producing agent does not lie solely in its therapeutic power, but also in the fact that no bad effects follow its use. Thus, in marked insomnia, Pasadyne (Daniel) may be given in full dosage and repeated without fear that disagreeable results will ensue.

Pasadyne (Daniel) possesses in high degree the power to sedate the higher centers, a feature that makes it of the utmost value in all conditions marked by sleeplessness or nervous excitability. And the prescriber may feel sure that no habit will be caused by its administration, even when continued over long periods. A sample bottle of Pasadyne (Daniel) may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

INTOLERANCE TO COD LIVER OIL.—The average cod liver oil preparation soon becomes irksome to women and children, or in any patient convalescing from a long illness—and yet it is in just such instances that cod liver oil serves to happiest advantage. It was to obviate this drawback of cod liver oil that brought about the preparation of Cord. Ext. Ol. Morrhuae Comp. (Hagee), and it was the recognition of the fact that Cord. Ext. Ol. Morrhuae Comp. offers everything to the patient that the plain oil does except a gastric burden, that has given it such wide popularity with the profession.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOL. X. CINCINNATI, DECEMBER, 1918. No. 2.

MINUTES OF THE FORTY-EIGHTH ANNUAL SESSION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Hotel Tuller, Detroit, Mich., June 18-21, 1918.

TUESDAY EVENING SESSION.

THE PRESIDENT: We have a real treat in store for us this evening. We are so fortunate as to have with us General Robert E. Noble, from the Surgeon General's office, and I will ask Professor Lloyd to introduce him.

PROFESSOR JOHN URI LLOYD (Cincinnati): In introducing General Noble I would like to speak directly to him, and I would like to bring to his attention, for perhaps the first time, some of the ideals that have for nearly one hundred years possessed the Eclectic School of Medicine.

General Noble, in introducing you to our friends, I will take the opportunity of saying to you that the representation of our school, as you see them before you, are connected with the finest line of work that has been conducted in the United States of America for nearly one hundred years. We are called "Eclectics." We are willing to be defined by this word, whatever definition may be given him—whether it be in the dictionary or elsewhere. The word Eclectic to us means an opportunity of helping, endeavoring to add to the therapeutic resources of the whole world. We have been restricted in our work because we have taken these one hundred years to develop a materia medica, but we have done this under the highest medical standard. No school in medicine could have higher ethical standing than we have upheld in doing this work. When we make a compound, the ingredients of that compound were made free to the world. As we get from others, we consider it our privilege to give to others. We are not parasites—we give in return, and we have attempted to give more than we have received, and I believe I do not underestimate when I say that we have done this. We are a minority school of medicine; we have something less than ten thousand in the United States. We have done our work as well as we knew how to do it; we have given to others as we have received from others. We have been known as the American School in Medicine, and justly so. In looking over this audience, there is scarcely one that has not a son or a relative in the war. We have been foremost in that work. There are ninety-two stars over there in that flag, that represent our colleges only, and we are proud of the service we are doing in that direction. General, excuse me for being

thus enthusiastic. We are proud of the work that has been done by those who are gone, and we are aiming to do ourselves work which will credit those who are gone. We feel honored that you are with us, and I feel sorry that we have not a full house for you. These are strenuous times. Our meeting is strong in comparison to times gone by. Our men are working, they are not attending conventions, but those who are here are proud of the fact that you are with us. We need this encouragement, and we thank you for coming to us. We are looking forward to what you may say to give us further encouragement. We are hopeful and anticipating that we may be of service in this great work, which you and your co-laborers are accomplishing. We are ready to give all we have; there is only one idea today, and that is to win the war. The medical profession is all one today, we are all working together. Our rivalries before have been rivalries in doing good in different ways, but now we are all together—we purpose to fight it out together; we purpose that there shall be no difference of opinion in that.

And now, friends, I have the great honor to present to you General Robert E. Noble, from the office of the Surgeon General, Washington, who will now address you.

ADDRESS OF GENERAL ROBERT E. NOBLE, M. C. N. A.

Mr. Chairman and Members of the Society, Ladies and Gentlemen:

I assure you that the honor of addressing you is mine, and I appreciate it greatly. I am one of those who believe that progress is made by combination and that we have arrived at that stage where we know that each may absorb some good from the others, and, with this idea in view, I believe that the time is ripe for the medical profession of this country to come in under one common cause, not to call themselves regulars, Eclectics or Homeopaths, but members of the medical profession of the United States of America. We have adopted this policy in the United States Army. We do not ask a man whether he is a Homeopath, an Eclectic or a regular; we ask, "Are you an M.D., are you entitled to practice medicine in the State in which you reside, are you in good standing, are you physically sound and morally all right," If a man can answer these questions in the affirmative he is just as welcome in the Medical Department of the Army from one school of medicine as from another. In witness of that fact, we have today in the Medical Reserve Corps I can not say how many Eclectics—I did not look it up—nor how many Homeopaths, but their service flag shows nine hundred and eighteen stars, and that was the return of some weeks ago. Today they tell me that they have twelve hundred members of their school in the Medical Reserve Corps. I assure you that you are just as welcome as the Homeopath or the regular schools.

I had in mind to say something to you in regard to the Medical Reserve Corps—tell you of the needs of the service. The Medical Reserve Corps was first authorized by Congress on April 23, 1908. It was for some years looked upon as a sort of honorary organization. In September, 1914, there were about eleven hundred officers in the Medical Reserve Corps. Most of these

commissions were simply diplomas given to the men who were prominent in the profession, many of whom were far beyond the military age and a number of others had long since ceased to practice medicine, having retired upon their laurels. I entered the office of the Surgeon General in September, 1914. The war was just about two months old. I had a feeling then that our entering the war was inevitable. My first thought was of a medical service for the war. I knew if we went in it would require medical men from civil life out of all proportion to that of any previous struggle. I took the proposition of reorganizing the Medical Reserve Corps to the Surgeon General; he looked at it and said, "Do you think we will go into the war?" I said, "I do not believe we can avoid it." He said, "Go to work and reorganize the corps." We took the Medical Directory of the United States and had the clerks check the name of every practitioner in the country under fifty-five years of age, and to each was sent a circular of information and an application blank for the Medical Reserve Corps. We sent out first and last more than one hundred thousand circulars; we expected the return to be marvelous. We sat up with that baby, we walked the floor with it, but in two years we were able to increase the Medical Reserve Corps only from eleven hundred to twenty-six hundred. Then on June 3, 1916, the present National Defense Act or law was passed: it repealed the act of April 23 and transferred the Medical Reserve Corps as it then existed to the Medical Reserve Corps as provided for in the new defense act. This in effect abolished or discharged from service every officer gained in almost two years of hard work. We transferred, or recommended for transfer, all the twenty-six hundred officers. On the day that war was declared but five hundred and eighteen of the twenty-six hundred had accepted their commissions. I felt that the situation was hopeless; I was in the sub-basement of despair. But finally, when war was inevitable, the medical men of the country went through their desks and pulled out the old circulars that had been sent them two years before; then applications came to us by the hundreds. Some weeks we had as many as twelve hundred applications, and we felt better. We completed these papers, appointed examination boards all over the United States, we notified the applicants that they had been commissioned, but we got no acceptances—they did not seem to think that the formality of an oath of acceptance was necessary. So one night we sent out fifty-five hundred telegrams and by ten the next morning commenced to get results, and before twenty-four hours had passed I had more than four thousand acceptances as a result of fifty-five hundred telegrams. We felt easy, for the battle was won. But we have never given up our campaign for additional officers. We today have recommended for admission to the Medical Reserve Corps more than twenty-four thousand men. We have in the service over twenty thousand; of the remainder, we have discharged over two thousand officers from the Medical Reserve Corps, some for physical disability, some transferred from the Medical Reserve Corps to the regular service; some have been discharged for one cause or another, and others returned to their civil community, because that community had been left without practi-

tioners. We have now possibly two thousand remaining who have not as yet accepted their commissions and five or six hundred applications that are not acted upon at this time.

The Reserve Corps, as its name implies, is a body to be called upon in time of need. We have today in reserve enough men for present needs, but we are far short of what we will need with the increase of the army. That is what concerns us today before anything else. As the army increases the greater will be the demands upon the medical profession of this country. The medical profession have responded in a manner that is unequalled by any other profession. Out of possibly eighty thousand men in the United States who are physically able for service, twenty-four thousand have applied for service. There is no profession in the world that has given as much as the medical profession, nor will you find any profession that will give in the same proportion as the medical profession. I frequently have a man come in and say, "Well, I do not know that you need me, and besides, if I go into this I give up too much; it is too great a sacrifice for me to make." I can not argue with that man, for a man who at this time feels in this way towards his country will not make a satisfactory officer. What one gives now is service to the government for the privilege of citizenship. We have enjoyed the protection of our country for years, and when the hour of peril comes it is our duty to offer ourselves freely and without reserve to the government for service anywhere we may be needed—the placing of country before self-interest.

My opinion is that we should commission in the Reserve Corps every man who is physically, mentally and morally fit for service. I say that for several reasons. In the first place, the Reserve should be what its name implies, and we want a big Reserve. In the second place, we want it to be a voluntary offer of service. It is a voluntary federalization of the medical profession. If we can attain this end, the commissioning of all medical men in the service, we can do several things. In the first place, we can protect medical schools which are now on the verge of disintegration, and no more serious situation could arise than the destruction of the medical schools of this country. We are today short of medical men, and when we take into consideration the lack of professional men in the country districts, we are woefully short of the needs of the rural communities. In 1904 there was one graduate in medicine for every fourteen thousand men, women and children in the United States; in 1914 there was one for each twenty-eight thousand. If we can not commission in the Medical Reserve the profession, what will be the result? We must use the material at hand—that is, those who volunteer. This means that there will be an unequal distribution of commissions throughout the United States. The rural communities will be without medical attention, while cities—and cities can always afford to give more than towns—will have more men than actually needed. If we can commission the profession in the Reserve Corps, we can take a man from the community that can best spare him; we can also protect the interest of the schools, the

interest of the government, the interest of the individual—and this is the only way that the interest of all can be protected.

Another point is that by so doing we can avoid putting square pegs in round holes. Say Detroit has five hundred first-class internists. She still has five hundred internists, none having volunteered—which is by no means true. We would then take from Detroit what we consider she could spare. Say Washington at the beginning of this war had twenty internists and ten had volunteered. We would pass her by. We go into the rural communities and here is one without medical attention; we could then take an officer who is in the service, and who was from that community, and return him to his home to look after the civil population, and take an officer on the waiting list of the Reserve from some congested district and put in his place. I think a condition of that kind is ideal, but ideals seldom materialize. However, it is something we should think about.

We do not believe in drafting the medical profession; the medical profession will give everything without drafting. They will give freely and to the limit, and until it hurts; they have always done so and they will continue to do so. (Applause.)

As to the Medical Reserve Corps, today the requirements are that a man be an M.D., between the ages of twenty-one and fifty-five. He must be physically fit—that we insist on. Many men say, "I have nothing but a little hernia, and it does not bother me. Why can't I go?" If he were in the field and that hernia became strangulated, the result would be that that man's estate would receive from the Government for twenty years the maximum benefit under the Insurance Act. We feel we owe it to the Government to protect it from unnecessary drain upon its resources, owe it to the applicant to protect him from an unnecessary hazard; and for these reasons we have established certain physical qualifications.

Now to enable applicants to qualify for the Medical Reserve Corps, with the least inconvenience to himself, we have established examination boards throughout the United States. Every medical center has one. We also have boards at other convenient points—more than one hundred boards in all. An applicant for the Medical Reserve Corps can go to one of these boards and fill out his papers and be examined without reference to our office at all. We want you, and any time that you are ready to make application, go to the board nearest to your home. A list of these boards has been published, but if you do not know where one is, write to us and we will tell you where to go, fill out your papers, be examined; the board will send them in, and we will do what we can to give you fair treatment. I do not know that I have made myself plain; I think, perhaps, I have not touched upon many points that some of you would like to know about. I purposely did not go into detail, because I was told that there would probably be a number of questions asked. I would like to answer these questions now, because I always find that answering questions will bring out points that I did not think of while speaking. I will be glad to answer any questions that I can.

Dr. J. K. Scudder (Cincinnati, O.): How about allowances for quarters? Do the medical men get that?

General Noble: The officers in the field are not furnished quarters by the Government, but they get commutation. A lieutenant gets $36 a month, a captain $48, and a major $60; there is also a small allowance, according to the season, for light and fuel. This amount varies according to allowance for rooms, season and location in which stationed. If he is in Alaska he gets more for fuel and light than he would in Florida. The pay of a lieutenant is $2,000 a year, a captain $2,400, and a major $3,000; if they go overseas they get 10 per cent additional foreign service pay. Foreign service pay applies in France, Alaska and the Philippine Islands. In Hawaii, Porto Rico and the Canal Zone the officers do not receive that additional allowance.

Dr. W. N. Mundy (Forest, O.): Can you tell us something about the Volunteer Reserve Corps?

General Noble: That is an organization fathered by the Council of Defense. There is a feeling of unrest among many members of the profession because they are not eligible for the Reserve Corps. The Volunteer Service Corps was organized by the Council of Defense for the purpose of recognizing those over age and physically disqualified for service from other causes. Membership is the outward and visible sign that those who belong are not eligible for the Medical Reserve Corps. The Secretary of War has provided an insignia, a button which will be worn on the lapel of the coat by the officers of the Volunteer Service Corps. It is not the intention of the Government to call upon the officers of the Volunteer Service Corps for active duty if we can obtain all the officers of the Medical Reserve Corps that we need. But the acceptance of this service carries with it a tendering of service to the Government, if such be needed.

Dr. William P. Best (Indianapolis, Ind.): What will be the approximate need over and above the present number, if the Army is increased to the proportions that are now being considered?

General Noble: We base the needs of the service for the first two million men on ten medical officers for each one thousand men. After that, and going to, say three million men, I think we can get along with possibly seven per thousand for the third million; above three million there will be a decreasing ratio, until we get not less than five per thousand for the strength of the army above three million.

There is one further thing that we want medical officers for, that is over and above our own needs. England and France and Italy have not enough medical officers for their own armies and the civil population. We want enough medical officers and practitioners, not only for the army, but for the civil population. In Europe today there are in some sections one medical man for each six thousand of population, and this in an industrial section. You might say, "Why not?" You are all busy practitioners and you know why not. It is a time for service, a time for material service to the Government, when every man should be working to his maximum efficiency, and if he can not work to his maximum efficiency he soon becomes a liability rather than an asset; it is the medical profession that can make that man an asset rather than a liability by keeping him in the best physical condition and, if sick, bringing him back to health.

Dr. T. D. Adlerman (New York): If a man joins the Medical Reserve Corps, can he continue in his own line of work?

General Noble: When one accepts a commission it is without condition, but we would not expect to take an eye and ear man and assign him to orthopedic surgery, nor would we take a big man in internal medicine and

assign him to abdominal surgery. We try to assign a man to duty according to his specialty. What I want to say is this: We try to assign an officer to a duty in which he will give the maximum efficiency.

A MEMBER: There are a good many doctors that are able to carry on private practice, and they want to go into the service, but they are debarred from service by some slight physical defects, perhaps a little valvular trouble. I want to ask if there is likely to be any service where they can be used that is less strenuous than field service?

GENERAL NOBLE: No, sir. Not if that man has an organic lesion of the heart. The thing is this: If we take on a man that we know is physically unfit for service, we can not guarantee that he will be kept at, say Camp Custer, during the war. Suppose we sent him somewhere else—he has a heart lesion, physically he is a liability; he goes to France; the excitement, hardship and strain leads in a short time to decompensation, invalidism or death. He has rendered the supreme sacrifice, but has not given an adequate return to the Government; but that man's estate for twenty years will receive $57.50 a month from the Government—a total of almost $14,000, a cost that could have been avoided by not taking that man into the service when we knew that he was physically unfit for such severe service. This is unfair to both the Government and the individual. Consequently we feel both must be protected by establishing certain standards for physical fitness.

DR. J. F. WUEST (Dayton, O.): You have to carry insurance; the Government does not give it to you?

GENERAL NOBLE: You carry that, but on this plan: You enter the service and apply for insurance up to $10,000, paying a premium according to your age. A man of forty-five would pay about eighty cents a month per thousand; a man of forty-seven, ninety-nine cents a thousand, and a man of fifty, a dollar and twenty cents a thousand. In other words, a man fifty years old would pay twelve dollars a month for ten thousand dollars insurance. The Government then says that the man must pay the ordinary liability, but as you are going into the hazardous enterprise the Government will pay the excess premium. If you are disabled so that you can not work, and have to have someone to take care of you, the Government gives you something like one hundred dollars a month. I do not remember the exact amount, but it is more than the ordinary insurance. Your insurance is for twenty years, but I have an idea that some legislation will be enacted that would give an invalid support from the Government so long as he lives.

DR. WESLEY VANNETT (Clyde, O.): Suppose a physician enters the army—can he give his own remedies, or will he be obliged to give those provided by the Government?

GENERAL NOBLE: We have one supply table, but if other drugs are considered to be essential, the Government has been very liberal in approving requisitions for additional articles. We started out by following the plan of giving every man what he wanted; later another man would come along and want something new, and would not have anything to do with the drugs the first man used. We soon had more than seven hundred remedies on our supply table; consequently we had to revise the supply table, and it now contains sufficient remedies for any ordinary demand.

DR. WILLIAM P. BEST (Indianapolis, Ind.): But suppose there is on this table one thousand remedies—there is no stereotyped plan of treatment that we must use if we treat the disease? I am responsible for the application of this drug in any case?

GENERAL NOBLE: Absolutely. You can use every one of these thousand remedies if you like. You can use nine hundred and ninety of them, you can use anything on that supply table and in any way. We do not say you shall

use this or that; we do not say whether you should apply it internally or externally. We put it there and you can use it. But it is up to the man who prescribes to see that remedies are properly used.

Dr. O. E. Coffin: Suppose there are certain remedies which we as members of the Eclectic schools use universally in the treatment of disease, which we can all use. If these remedies are not included in that list, would there be a chance for us to get these, or would our hands be tied, and would we be compelled to use the remedies with which we are not familiar?

General Noble: The commanding officer in a hospital has supervision of all this. Anything that is needed in that hospital he can buy. He has a small fund for this purpose, but of course he must use his judgment. There is nothing in the regulations to prevent a commanding officer from making an emergency purchase if the remedy is not on the supply table; it can be bought if necessary.

Dr. W. N. Mundy (Forest, O.): Do we understand that a soldier disabled gets $100 in addition to his insurance?

General Noble: No; but if he is disabled to the extent that he must have an attendant, his compensation is increased to $100. I am not exactly sure of these figures, but believe he gets up to $100.

A Member: Are there men needed in the Navy?

General Noble: The Navy wants about two or three hundred men, while we want two or three thousand. The Navy needs are less than one-tenth that of the Army.

Dr. T. D. Hollingworth: Are the physical requirements for the officers higher than for the enlisted men?

General Noble: Yes. The physical requirements for officers are higher than for men. The only thing that is not so high is vision. They will take men whose vision is 20-200 corrected by glasses to 20-40. Otherwise he must be physically sound.

Dr. H. A. Shafor (Detroit, Mich.): What about the contract physicians? Are they members of the Medical Reserve Corps?

General Noble: No. They are mostly men who are prominent in the profession that come into the service for temporary duty, as perhaps between terms of school. We can not give a commission in the Medical Reserve Corps and let an officer serve for three months and then go home; it is not fair to the men who serve all the time. They can serve temporarily on contract, but it is not fair to give them a commission.

Dr. J. K. Scudder (Cincinati, O.): How about women graduates? We have about one hundred women graduates, who have ability if there was some place they could serve.

General Noble: Women are not eligible for commissions. We are employing women physicians under contract. Colonel Russel, who has in charge the laboratory work of the army, has given preference to the women who apply for that service. They are given contracts and are sent to hospitals or laboratories.

A Member: What are the rules for promotion?

General Noble: The recommendation of the commanding officer. An officer may come in as a First Lieutenant; if he does not receive the recommendation of his superior officer, he would remain a First Lieutenant while he serves.

A Member: Does he have to be in a certain length of time before he is promoted?

General Noble: If he is making good, it will take perhaps three months for the officer to learn the military side of his duties and demonstrate his ability, before he can receive the recommendation of his commanding officer.

I will say one thing in regard to promotion, from now on I think the promotions will be slower than in the past. We have a certain number of majors, a certain number of captains and a certain number of lieutenants. Every day that passes decreases the number of majorities and captaincies available for promotion. The time will come when we will have practically none available, and then there will be promotion only because of an officer leaving the service, killed in action, physical disability or other cause.

Dr. William P. Best (Indianapolis, Ind.): May I ask in regard to the amount of army training that is essential for the Medical Reserve Corps?

General Noble: We have followed two plans. First, sending the men to a training camp. We want them to stay there three months, but we have not always had a sufficient number of officers on hand to permit it. Some will stay ten days and others have been there longer. Some have been retained as instructors. While we say they shall have a three months' training, we can not always live up to that. We recently received a cable asking for three hundred medical officers, and we had to go to the camps for them. Some of the men had been in camp only a few days, others had been there for some time. The man who has been there the shortest time, of course, is somewhat handicapped by his lack of knowledge of the duties of a medical officer.

Dr. E. G. Sharp: Are there any officersgiven a commission higher than lieutenant?

General Noble: Yes, but the time is coming when practically all the recommendations must be made for commissions in the lowest grade, because we will have no vacancies in the higher grades. Each day takes away from the number of captaincies and majorities that are allowed.

Dr. T. D. Hollingsworgh (Akron, O.): What recommendation does a man need for a captaincy?

General Noble: All papers in the case are referred to a Board of Reserve Officers that meets in the office of the Surgeon General of the Army. The board reviews the papers and determines the grade. If the papers are not sufficient to enable the board to make a decision, or if they do not know the man and the information or the personal history especially is not sufficient, they write for additional information. The board makes its recommendation upon the applicant's age, ability, standing in the profession, in so far as can be found out by correspondence and the records available. Sometimes an application will stay in our office some days before it is acted upon, but this is because the board does not have sufficient information to act intelligently. The Surgeon General has ruled that when papers go before the board, and the board says that the applicant shall be a lieutenant, if he thinks or others think that the applicant should be a major, the recommendation of the board will be accepted. If he declines the commission, all right; we have nothing to say; but if he applies at a later date for a commission he will be again commissioned as a first lieutenant, even though he deserved a higher grade. We had to adopt this policy for the reason that when this war first started there was a good deal of confusion, so many papers coming in to be passed on, with insufficient clerical and other help, naturally mistakes were made. We would make a man lieutenant who should have been a major, and I do not doubt but that a few men were made majors who should have been lieutenants. These latter did not decline the commission, but in some cases the lieutenant said, "This is a mistake; I am entitled to more than this." We corrected the mistake when it was shown that a mistake had been made, but the news got around very rapidly. Then all came in and said that a mistake had been made; each believed that he should be a major. So the Surgeon General said, "Take what we give you and accept your commission and be assigned to duty. We will correct the mistake as soon after you are assigned

to duty as possible, but we can not do it before, because if we do we will have nothing but majors in the Reserve."

A MEMBER: Does a surgeon get the same commission as an internist?

GENERAL NOBLE: Yes; they do not come in as surgeons or internists, but as officers in the Medical Reserve Corps of the army.

DR. J. E. G. WADDINGTON (Detroit): There is a Medical Reserve Corps and then you have a regular Medical Department; what is the difference between the two?

GENERAL NOBLE: The officer in the regular service comes in to make a life work of the army. His examinations are entirely different. The central board passes on his examinations, which are written, and recommends him to the Medical Reserve Corps. He is ordered into active duty and sent to the Army Medical School at Washington, where he is given a course of three months in military medicine, surgery, administration, etc. At the expiration of that course he is given a final examination, and if he passes he is then recommended for a commission in the regular service. He comes in as First Lieutenant, and at the end of a year he is eligible for a captaincy. Promotion is then by seniority, through the various grades to colonel. The Medical Reserve Corps is a temporary organization, and at the expiration of the war the officers will return to their practice in civil life. The man in the regular service spends his life in the service, and at the age of sixty-four he is retired on three-fourths of the pay of his grade at the time he reaches that age. His pay and allowances are the same in both corps, the difference being that the regular officer makes his service a life service. The reserve service is a temporary service. In the regular service we require that the applicant shall have had a resident interneship in a hospital for one year subsequent to graduation, and be not over thirty-two years of age at the time of entering the service. This we do not require of the Medical Reserve Corps.

There is just one remark I wish to make in closing, and that is the value of adequate medical service. During the first six months of this war, Germany returned as high as 90 per cent. of wounded to the firing line. The Allies returned in some cases as low as 28 per cent. It was almost a year after war had been declared before 90 per cent. was returned. Take some big drive. In that drive say, for example, the Germans lost two hundred thousand, but they returned 90 per cent., or one hundred and eighty thousand men to the fighting line. Suppose we had been in then with an equal amount of wounded, and had returned only 28 per cent. of wounded or one hundred and twenty-four thousand men less than the Germans. Apply a little mathematics. What is the life of a man worth? According to his productive value he is worth about five thousand dollars, but as a soldier he is worth not less than ten thousand dollars to the government. By an inadequate medical service a government can lose in human life in one year enough money to almost pay the cost of the war for a year.

I wish to say again that the door is open, and if you desire to enter we will be glad to have you apply for admission to the Medical Reserve Corps. There is first the age limit, and then you must be physically sound, mentally competent and morally right. It is a service which is honorable and it is a service to your country. (Applause.)

THE PRESIDENT: On behalf of the members of the National Eclectic Medical Association, I wish to extend our thanks to General Noble for his kindness and patience in presenting this subject and in giving us explanations regarding this matter. I hope the members will come forward and greet the General and shake his hand.

SALPINGITIS.

H. H. Helbing, M.D., St. Louis, Mo.

In this paper I wish especially to consider complicated cases of a surgical nature, and in doing this I will raise some questions that may provoke discussion and thereby derive more benefit than a simple reading of this paper.

In practically all cases of this wrong the cause is due to infection entering through the uterus, although text-books give other causes. In nearly all cases that I have had to treat the disease had reached a chronic stage, in which case the tubes are filled with pus, water or blood. Following an attack of salpingitis or coincident with it, adhesion takes place and usually the tubes descend to the posterior surface of the uterus, the fimbriated extremity lying in the cul-de-sac and becomes firmly adherent thereto.

The inflammatory process not only causes adhesions of the tubes to surrounding tissue, but it also seals the ends of the tubes and causes the fluid products to be pent up in the tubes, forming either a hydrosalpinx, a hematosalpinx or a pyosalpinx. I have found that in a large majority of the cases pus forms as a result of salpingitis.

It is not difficult to diagnose these chronic cases of salpingitis, for as a rule we will find the uterus more or less fixed in inflammatory exudates and more firmly fixed or practically immovable when the tube is filled with pus, water or blood. Bimanual palpation reveals that a tender mass is lying in a latero-posterior relationship to the uterus and firmly fixed thereto. A history of the case revealing the truth of having had gonorrhea or a miscarriage, especially produced by introducing a non-sterile foreign body in the cervical canal to bring on the miscarriage, usually will aid you in determining the condition present. If there is tenderness, or the uterus seems too high for palpation, you may have to empty the bladder with a catheter or have the patient void urine, for distended bladder will prevent you from making a thorough examination. By palpating through the rectum you may often get a better idea of the condition than by palpating through the vagina.

The symptoms existing when this wrong is present are bearing-down pain or distress when the patient is on her feet, menorrhagia, purulent leucorrhea, especially when the pus tube discharges itself through the uterine end of the tube at intervals. There will sometimes be increased temperature, though not high, probably running from 99 to 100. When there is an acute exacerbation it may go to 102 or 103. You need not expect a chill and sweating such as you would expect when there is pus pent up, for in this case it is walled off and does not affect the general system as pus does when it is capable of being absorbed.

When chronic salpingitis exists, with or without pus, you will find an increased leucocyte count, usually amounting to from 10,000 to 16,000. If the count is higher than this it is wise to postpone operation, but as so few have the facilities for making blood counts we depend more upon the subjective symptoms as a contraindication for operative procedures. These

symptoms are high fever and an evidence of acute inflammation. We should wait until the acute exacerbation has subsided. During this period we may use hot applications, hot douches, rest and remedies to regulate the bowels and improve the digestion. Hot applications by means of suspending electric lights over the abdomen is very beneficial. One leading symptom that I forgot to mention, that is complained of by most patients, is pain caused by the pressure of fecal matter on the inflamed tube when the bowels move.

The removal of pus tubes is one of the most difficult operations we undertake, especially when there are dense adhesions of omentum and bowels to the uterus, tubes and broad ligaments. In some cases, upon opening the abdomen, the uterus is buried under the adherent intestines so deeply that it is difficult to expose it, and the only way we can work our way through the mass is by a careful separation of adherent bowels by blunt dissection either with gauze or dull instruments.

The majority of cases, however, will be found with uterus easily reached, although it is bound down in the cul-de-sac so firmly that we must dissect loose the tubes from the uterus before we can lift it up so as to enucleate the tubes. Usually this can be done with one's gloved fingers by following the line of cleavage between the tubes and uterus.

There is but little or no hemorrhage, or at any rate no large or spurting vessels are opened, unless you cut the vessels that branch from the ovarian artery to supply the tube. It is true the bleeding is free from the raw surfaces, left after breaking up adhesions, but this bleeding ceases by the time the operation is completed, or it may be checked by pouring in the abdominal cavity hot saline solution.

The question of whether to leave the uterus, when both tubes are removed, I think should be decided in each individual case, depending upon the age of the patient, the condition of the uterine body, the condition of the patient as respects her ability to withstand shock, and the length of time it will take you to complete the operation, because every ten minutes' prolongation of the operation after one hour means much to the patient in respect to shock and sick stomach, and consequently her eventual recovery.

I have had some patients so weak that I could not even remove the tubes, but merely opened and drained them. If a patient is so weak that we fear to subject her to an abdominal operation, it is possible to open the cul-de-sac and drain, providing the pus sac is large enough and low enough to be pointing in that direction. If it is impossible to reach the pus this way it may be reached through the abdomen but with little more shock, and drainage established in this way. While not quite as effective, it will answer the purpose just as well.

If the uterus is left I have been in the habit of bringing the round ligament and a layer of broad ligament up over the horn of the uterus from where the tube has been removed and covering as much of the raw surface as is possible to prevent adhesions, as well as for the purpose of supporting the uterus in its normal position. If you deem it advisable to remove the uterus, a sub-total hysterectomy may be done much quicker and easier and

will give as good results, providing the cervix is not torn and is in a healthy condition.

I have had several patients come to me who had been operated on previously and the tubes removed, but without giving them relief, the principal and only reason being that the uterus was diseased to such an extent that curettage and local treatment did not overcome the trouble. If the uterus is much sub-involuted, it is bad policy to leave it if both tubes are removed.

The question as to whether we will try to save one tube if the patient is young is one point that is debatable ground, especially if adhesions have occurred and the tube is apparently diseased though not containing pus or pathological products. It is true we should be conservative, but if the patient is not cured after going through the ordeal of an operation, she will naturally blame the surgeon. If the uterus is not removed it should invariably be curetted and treated locally, for there is more or less endometritis in these cases.

4963 Fountain Avenue.

GALL-BLADDER INFECTION.

Frederick Moore Andrus, M.D., Lincoln, Neb.

It is generally recognized at present that infection is the chief cause of gall-bladder disease, both cholecystitis and gall stones. Any factors causing biliary obstruction are predisposing causes.

Charles Mayo says: "That the diseases of the gall bladder are of infectious origin is generally conceded, but how they occur and produce their local and general effects is not generally understood as yet. Where formerly the gall stones were considered the entity, infction now takes the first position. The stones are of secondary production, and often do not occur in the more severe types of infection, as in strawberry gall bladder. The nearly pure cholesterin stone probably occurs with less infection than any form, and is usually free from bacteria."

The possible methods of infection are classified by Babcock as follows:

1. Portal infection, "in which bacteria entering the portal circulation chiefly from the alimentary tract escape the bactericidal action of the liver and passing out with the bile colonize in the gall bladder." This method has been considered as a common cause.

2. Ascending biliary infection, "in which bacteria ascend from the papilla of Vater through the common and cystic ducts and enter the gall bladder." Probably occurs less frequently than infection by other routes.

3. Hematogenous infection, in which "bacteria circulating in the general blood stream invade the gall bladder." Rosenow considers this the usual method, and other recent writers support his theory.

4. Contiguity infection, "in which the gall bladder is involved by the spread of infection from adjacent organs." This is rare.

The organisms most frequently infecting the gall bladder are typhoid bacilli, streptococci, and colon bacilli. There is some difference of opinion

as to which is most frequently found. The importance of the streptococci has been recently emphasized. It is recognized that typhoid bacilli may live and multiply for many years in the gall bladder. They are often found also in cases in which there is no clear history of an attack of typhoid. In typhoid carriers the gall blader is undoubtedly "the common offender." The typhoid bacilli and the pneumocuccus are also more rarely the cause of gall bladder infection.

Cholecyctitis, either of a mild or severe type, may persist for years without the formation of gall stones. Stones are as likely to be formed with a mild infection as with a severe infection. The symptoms of the two conditions are much alike, and sometimes a differential diagnosis can not be made previous to operation. The chief symptoms are digestive disturbances with frequent eructations and much gas formation, and recurrent attacks of colic. The attack of pain frequently occurs at night, and has no relation to time of eating. As a rule, the attack in cholecystitis, while it may last longer, is less severe than when gall stones are present.

Chronic cholecystitis, W. J. Mayo says, "produces two types of gall bladders: (1) The large, blue, distended gall bladder, which does not empty itself normally under compression. The bile in the gall bladder is thin and often foul smelling from colon infection. (2) The thick-walled, whitish gall bladder, which is often adherent, and contains bile, usually thick and tarry, with a large admixture of mucus." The mild grades of infection may be treated medically and dietetically. Carlsbad salts are much used, taken in hot water on an empty stomach. Urotropin is also recommended by some as a "gall bladder antiseptic." Rich and greasy foods should be avoided, especially anything that experience shows disagrees with the patient. Suitable exercises and the correction of habits favoring biliary obstruction should be insisted on.

Where infection is severe and the gall bladder diseased as noted above by Mayo, cholecystectomy is indicated. In many cases of gall stones also cholecystectomy is regarded as the operation of choice by American surgeons. In some cases where the ducts are free, the gall bladder fairly normal, and the infection has subsided, cholecystotomy with drainage gives satisfactory results. Where treatment is neglected, severe complications arise, such as empyema, obstructon from stone, pancreatitis, etc.

THE TREATMENT OF POLLINOSIS (HAY FEVER) BY ACTIVE IMMUNIZATION.

H. A. Shafor, M.D., Detroit, Mich.

The causative relationship of pollen to hay fever has been so well established that it seems almost unnecessary to say anything on this point, yet there are still some who doubt that hay fever is caused by pollen, and some that believe that pollen is only one of the exciting causes of the disease. The fact that the application of minute amounts of pollen to the conjunctival or

nasal mucous membrane of susceptible individuals instantly produces symptoms of hay fever, in no way differing from the normal attack at the usual season, and that the experiment is negative with individuals not subject to hay fever, is sufficient proof of the relationship.

Holbrook Curtis, in 1900, first endeavored to produce active immunity against hay fever. Then, in 1911, Noon and Freeman, of St. Mary's Hospital, London, published their results with aqueous extracts of the pollen of grass. Their extracts are used in England with favorable results. Since then extensive work on the active immunization in pollinosis has been carried out and many investigators both here and in England have reported favorably on the use of pollen extracts. Ferry, in the *Interstate Medical Journal* for September, 1917, gives a summary of the cases treated with pollen extract reported up to that time, together with 127 of his own cases. Briefly this is as follows. (In these tabulations all cases reported as "cured" or greatly relieved are under the heading relieved; all those more or less relieved under the heading benefited.)

Prophylactic Tratment—

	No. of Cases.	Relieved per cent.	Benefited per cent.	Negative per cent.
Total cases reported.....	644	74.3	11.3	14.7
His own series.....	127	67.7	17.3	15.0
Total prophylactic 771		70.9	14.3	14.8
Phylactic Treatment—				
Total reported.....	302	70.0	16.2	13.8
Type of Treatment Not Sufficiently Designated—				
Total reported	125	72.4	19.2	8.4
Total of all cases.....	1,198	71.1	16.5	12.4

He goes on to say: "Of the negative cases there are manifestly three separate classes or types: those that are not desensitized, those that are made worse by the treatment, and those that are desensitized to one pollen while remaining sensitive to some other pollen or pollens. No doubt many of those in the first class would finally reach a state of complete anti-anaphylaxis if larger doses of the extract were given. On the other hand, it is hard to explain why some of the patients are made worse by the treatment. As a rule this type of a case will stand the treatment up to 200 or 300 units and then the symptoms of hay fever will appear after each treatment, as severe and at times worse than the disease as found during the pollen season."

Scheppegrell, president of the American Hay Fever Prevention Association, writes: "From a test of many hundreds of pollens in our biological laboratory, the principal hay fever plants have been selected. For the early type of hay fever the chief causes are the grasses (*Gramineae*), the special varieties varying according to climatic conditions. This applies to all portions of the United States. The fall hay fever, east of Kansas, is caused by the com-

mon ragweed (*Ambrosiae*) and other allied plants. In the Pacific and Rocky Mountain States, the ragweed is replaced by the wormwood (*Artemisiae*)." And, as it has been shown that in a large portion of cases individuals susceptible to the protein of one pollen are sensitive to proteins of other pollens of the same family, immunization can be produced in the majority of cases by treatment with the extract of the pollen of one of a family. The most important members of the various groups are ragweed pollen of the *Compositae*, timothy of the *Gramineae* and mugwort of the *Artemisiae*. Roses and goldenrod, not having wind-blown pollen, do not, as popularly believed, cause hay fever.

Several methods of extracting the pollen have been experimented with, and Ferry, after trying the principal ones, concluded that "the simplest was the most practical." He ground the pollen in a ball mill with 0.85 per cent. saline solution in 0.5 per cent. high coefficient phenol. This mixture was diluted and shaken for twenty-four hours, after which it was filtered through a Berkfeldt candle and then standardized. The final extract, unlike those of Koessler, Goodale and others, will not readily deteriorate. It has been found potent in a dilution of 1 to 100,000 in a room temperature over a year after its preparation, and after two years when kept at refrigerator temperature. This, I believe, is the method used by Parke, Davis & Co. in manufacturing their extracts.

Noon first determined a unit for pollen extract, and this unit is in general use today. This unit is the quantity of pollen toxin which can be extracted from the thousandth part of a milligram of *Phleum* (timothy) pollen, and it has the advantage that all the quantities used can be expressed in whole numbers. The strength of a pollen extract is given in terms of the number of such units contained in a cubic centimeter of the extract.

DIAGNOSIS.

First the type of hay fever to which the patient is subject must be determined. There are three methods in general use by which it is possible to know which pollen is causative in a given case—ophthalmic, intradermal and cutaneous. A drop of an extract of a given pollen may be instilled into the lower conjunctival sac of the eye. The pollen extract which produces congestion and swelling of the caruncle and mucous membrane of the lid is the one to which the patient is sensitive. One or two drops may be injected interdermally (into the skin, not under it). The reaction is characterized by the formation of an urticarial wheal surrounded by a distinct zone of hyperemia and usually attended by itching of the skin. This will make its appearance in about five minutes, and persist from one-half to one hour. The skin may be scarified sufficiently to produce an oozing of serum but not bleeding and a drop or two of extract rubbed into this scarification. The reaction is similar to that following intradermal injection and the duration the same. With all of these a control test should be made, applying the diluent used in the extract, or the same extract to a non-susceptible individual.

After the diagnosis is made the degree of the patient's resistance may be

determined, if desired. For this the cutaneous method is the most convenient, as a number of scarifications can be made and extracts of varying strengths applied. That strength of extract which is just sufficient to give the reaction is considered the limit of the resisting power of the patient, and one-half that strength may be given as the initial dose. It is not absolutely necessary to determine the resistance, as it has been found that "more than 50 per cent. of susceptible individuals show a resistance, between attacks, between 10 and 100 units, and about 6 per cent. between 5 and 10 units, so after the diagnosis has been made it is safe to start the prophylactic injection with a solution containing 2 units." At any time during the treatment, also, the resistance may be determined.

It is not enough that the practitioner know the patient has spring or fall hay fever and give timothy or ragweed extract accordingly, or that he suffers throughout both seasons and give both extracts, because the use of pollen extracts is a desensitizing process and presupposes abnormal sensitiveness to some pollen or pollens, and if a patient is *not* sensitive to one of the pollens, the administration of an extract might sensitize him to that pollen. For this reason a specific diagnosis must be made before treatment is begun. Also, the administration of multi-pollen extracts is not safe until more is known of the subject of protein sensitization in hay fever.

TREATMENT.

Prophylacitc.—The diagnosis having been made and it is shown that the patient is sensitive to timothy pollen—if it be the spring hay fever, or to ragweed if it be fall hay fever—it is safe to start the prophylactic injections with two units and increase according to the reaction obtained. Ten to fifteen injections, ranging from 2 to 1,000 units, will usually immunize a patient for one season. The injections may be made every two to four or five days, depending on the reaction. This is the more satisfactory treatment and should be begun about two months before the anticipated attack. During the season the injections may be continued at intervals of from one to two weeks.

Phylactic or Therapeutic.—Patients who are to be treated during an attack are to be given small doses, starting with one or two units, unless the exact resistance has been determined, and the doses increased more gradually than for the prophylactic treatment. The injections should be given every three or four days according to the condition of the patient and the reaction One author (Cooke) recommends minute doses on four successive days, and the injection continued at intervals of three to five days, and in all from eight to ten doses.

SUMMARY.

1. Remember that it has been conclusively proven that pollens are responsible for the symptom-complex known as pollinosis or hay fever, and that a logical treatment would be one that would immunize against, or better, establish a tolerance to, those pollens, and at present pollen extract seems to be that treatment. At least they have proved successful in 71 per cent. of cases.

2. Never begin treatment without a specific diagnosis, for fear of sensitizing an individual to a pollen to which he is not already sensitive; and for the same reason do not use multi-pollen extract.

3. Prophylactic treatment is the more satisfactory.

4. Naturally, the question arises whether the immunization is permanent. Active immunization has not been employed long enough to satisfactorily answer this question. Freeman says that those cases who have been successively inoculated for two years have, as might be expected, complete immunity during the third year, and time will show how long this complete immunity will last.

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DISCUSSION.

Dr. G. Strohbach (Cincinnati): I have known people who chewed ragweed and get an immunity in that way. Before the pollen was formed they began chewing the ragweed and by the time the pollen came on they did not get hay fever.

Dr. E. P. Zeumer (Cincinnati): This appeals to me as very scientific, because you are able to diagnose your case and able to test your patient's resisting power. You can find out the exact dose he should receive. This should be an interesting paper and receive some comment.

Dr. W. P. Best (Indianapolis): I do not like to admit my ignorance, but I am frank to say to you that as this method of treatment has been in process of development I have watched it more or less to find out what it would do. I do not know anything about it for that reason. It always seemed to me that the treatment had not been brought to such a state of perfection that you could depend upon it, and that the data was not sufficient, so that an ordinary physician could attempt it; that is the reason I have not employed it.

Dr. W. N. Mundy (Forest, O.): I have a boy who has had hay fever since he was three years old. He does not have it now since he has been in the army. He has been in the army over a year and has not had hay fever in that time. I can develop hay fever in that boy by letting him walk over ragweed, and summer or winter I could develop an attack by letting him throw down hay to the horses. He would have asthma so that we would have to sit up with him at night if he curried a horse. Now how will I immunize that boy? It is not the pollen of any one plant that causes his trouble. I was told that I ought not to give him any serum. He went into the army, he took typhoid vaccine, he went down into Texas with the temperature at 110, but he did not develop any hay fever there. I anticipated that he would when he went into the service, that he would have an attack of asthma and be discharged, but it has not developed at all. They sent him over to England, where it rained every day and he did not develop any asthma there, nor has he developed it in France. I heard Dr. Morgan read a paper along that line, and he took up the idea of the horse, the attack a man would develop from the dust of a horse; but when a person is susceptible to it from so many different substances, how are you to select the serum?

Dr. W. M. Gregory (Berea, O.): I had it for twenty years, but I do not have it any more. The three worst causes are timothy dust, horse dust and the dust you get from threshing grain.

Dr. J. E. G. Waddington (Detroit): I wish Dr. Shafor had given more of his personal experiences, for I think a great deal of his knowledge. We have experienced all kinds of hay fever, and the results seem to be about as various as the treatments. Personally I do not believe that vaccination is a success as yet, because I have seen it carried out in New York and the results are not satisfactory. I think in all cases the acidity of the urine is extremely high. When you get that down it helps some, but the hay fever still continues. The best treatment is thorough elimination and the cutting out of meat, and even vegetables. I have had it for eighteen years and I have it all the year, sometimes not so bad. I know of no specific treatment for hay fever yet.

Dr. H. A. Shafor (Detroit): So far as failing to be successful in mixed infection, such as Dr. Mundy's son has, it would be interesting to test these different things, the ragweed pollen and other things. Personally I think there is just one thing that is the primary cause of that, but these other things irritate. I recall one patient I had who was sensitive simply to the odor of the horse; a whole field of ragweed would not bother him, but as soon as he went into the presence of a horse he would have an attack. While is it not claimed that this cures all cases, it is claimed that about 7 per cent. are benefited or perhaps cured. At any rate it is worthy of a test. Dr. Best said that he has not tried it because he feels that it has not been tried out; such men are just the men who need to work along that line. Do not take somebody else's word for it. With the arrangement of this treatment at the present time, I feel that you can absolutely use it without doing your patient a bit of harm.

INSANITY AND SURGERY.

T. D. Adlerman, M.D., Brooklyn, N. Y.

Before reading this short article I want it understood that it is not an argument against surgery, or against surgeons, though I must say that some surgeons seem to be possessed with a nearly surgical madness to operate everything and everybody, when necessary or unnecessary. After some

operations I considered those would-be surgeons and would-be gynecologists insane for performing the operation, and even more insane did I consider the patients for submitting to such operations and to such surgeons.

However, it is not my intention to consider here this phase of the question, but to bring to your attention some mental disturbances which appear after surgical operations in certain given cases. Of late this particular phase of insanity has received more attention than usual, and I thought it would prove of interest to consider these cases.

The reasons that can be laid down for the appearance of insanity after an operation are so many that we will enumerate the principal ones only. The anticipation which is present in every individual prior to a surgical operation, the uncertainty and doubt as to the outcome of the ordeal he or she is about to undergo, produce a mental strain which acts differently in different individuals. The operation itself, with its pains, its possible surgical shock, the possible septic after-effects, seem, all of them, to induce some mental disturbances of different degrees, which only very lately have been recognized as directly due to the operation. This is well borne out by the fact that these mental, after surgical, troubles occur in individuals with the best possible parental history, and with no inherited mental disorders.

In most cases which we have observed we have a period of perfect quiescence after the operation, this period lasting anywhere from a few days to a few weeks, after which there is a gradual onset of the peculiar mental phase. The case may be that of a child or an adult; it will not matter. There appears a peculiar, distinct change in the general mood of the patient, a change to irritability, to fretfulness, which is very marked, inasmuch as it directs itself to unexpected quarters.

The child will take a strong dislike to the nurse, or to the mother, or to both, and to both of these, previous to the attack, she or he has been very affectionate. The young patient will exhibit a horror upon the approach of near relatives and scream for protection.

The older patients and adults, on the other hand, exhibit a most peculiar indifference to all those to whom and with whom formerly they were very much attached. If the indifference is not ther, a strong hatred is manifested by the patient towards all his or her relatives.

The patient, young or old becomes restless, and will try to disturb the dressing of the wounds.

The temperature runs up to about 102, but if the insanity is going to reach a more or less chronic course, the temperature is mostly subnormal.

Delusions and hallucinations will make their appearance; the patient becomes very suspicious of everything and everybody. Acute mania is found in some cases. Mania is likely to follow such an operation as amputation, excision of joints, perineal section, ovariotomy or hysterectomy, and is recorded lately after slight surgical shock and after slight surgical procedures, such as tenotomy and operations for necrosis. Several cases have been published where insanity appeared after the operation of castration performed for the relief of enlargement of the prostate gland.

Operations involving the peritoneal cavity or the female pelvic organs are apt to be followed by insanity.

While I recognize that sepsis in a wound may induce insanity, and can therefore be considered as one of the principal causes of such insanity, still I do not consider sepsis as the only cause, as insanity follows operations where the wound was absolutely without sepsis and healed by first intention.

Certain drugs used in operations, such as iodoform, morphine, belladonna and eserine, may produce insanity, when used either as dressing or in the after-treatment of the case, but mania has occurred in cases after operations in which no dressing were used at all.

The indiscriminate use of opium or its alkaloids after an operation is a very frequent cause of insanity. The mental symptoms are a state of apprehensiveness and anxiety, undue suspiciousness, and a very marked hypersensitiveness. There is a marked tendency to lie and fabricate, so that any statements made by the patient are mostly untrue. They finally lose all interest in everything except the procuring of the drug. Hallucinations and delusions develop at times.

The psychosis which follows the use of iodoform does not ordinarily appear after a single dressing, or a single administration or application, but after iodoform has been used for ten or twelve days. The symptoms of the approaching mental storm are also a marked irritability and disquiet, followed by a mental cloudiness and then hallucinations. The patients do not recognize their surroundings; they forget time, have no idea of time, become emotional, peevish, and will positively refuse to stay in bed. With the increase of the mental symptoms, the pulse begins to rise, and comes up to 115 or 120; temperature also shows some slight elevation. The urine will show the characteristice iodine reaction. The hallucinations will persist for a few days, usually from four to seven, after the discontinuance of the use of the iodoform, and until the urine is free from iodine.

The use of belladonna in surgical cases presents many cases of hallucinations of sight and hearing, the insanity usually lasting from a few days to a few weeks. The mental symptoms following the use of belladonna in some of the surgical cases present some very active symptoms. The delirium is very intense, hallucinations very pronounced, and motor agitation very considerable, the patient singing, shouting, wanderng from place to place and very difficult to keep under restraint. The hallucinations in these cases differ. Troops of people pass before their eyes, the bed clothes are covered with insects, and with small animals. Visions of flames and flashes of lightning occur every moment. The administration of ether has in some cases produced the same effect as the drinking of ether.

The general prognosis of these insanities is good if the patient is more or less healthy. If, however, the patient be the subject of some grave disorder or if his constitution be broken by alcohol, renal troubles or syphilis, the mania will persist and may run into chronic dementia. When, however, recovery starts it is usually very rapid. The stages of recovery are as with other manias. The leading symptoms subside, delusions and hallucinations

diminish and disappear, and the patients have no recollection whatever of events that happened during the period of insanity.

The treatment is simple. The great point is to feed the patients well. In fact, it is not a question of feeding, but of overfeeding. So long as the appetite continues, the cases promise well. Drugs such as iodoform, belladonna and morphine must be discontinued at once, as soon as the insanity manifests itself, and other dressings substituted. Hyoscyamus, hyosciamine, conium, passiflora, tiger lily and hellebore may be used. Bromides are better left alone, as they appear to depress each case. The rest is the usual treatment of insanity.

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THE DRUG ADDICT.

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Is the drug addict a maniac or a sick person?

We will analyze and scrutinize briefly this subject.

A drug addict is a very sick person, whose suffering is from a chronic form of toxicity, from which depends his existence, like other cases, as chronic alcoholism, nicotinism, etc.

The toxins from animal, vegetable or mineral sources act powerfully on the animal body, and they (toxins) are the factor *sine qua non,* to a certain extent, to keep the organs working, no matter if at the detriment of other glands (liver, spleen, kidneys, etc.) When we want to detoxicate an organagnism all at once from any infection, we can witness an organic catastrophe, the same when a perspiring body is exposed to a temperature at the zero point bluntly.

Many times our profession lose cases of pneumonia when alcoholic beverages are not administered to sick drunkards. Those unfortunate patients were betrayed from casual addict in the course of their starting, and once the exhilarant drug is taken and the victim pleased by the dream-like effect, the prey can not stop its use. From the first small dose to the large maniacal dose the step is short, and when the habit is started and continued the addict seems to live under a strange influence, whose power makes the prey a kleptomaniac, slave, etc. Now we will try to find a way to meet this devil habit and see what we can do to cure this chronic organic toxicity.

First of all, we must admit *a priori:* (1) That animal toxins are better and quicker eliminated by antitoxins; (2) that inorganic poisons (chimotoxis) are neutralized by chemical reactions; (3) that vegetable poisons are neutralized by physiological reactions. Now what to use for these patients? In this case the physiological reaction will answer the purpose. But besides the physiological reaction other ways and means shall be employed.

The patients should be taken from the surroundings where they contracted the habit and be confined in some sane, healthy and bright location where life could be taken easily and cheerfully. Any kind of amusement should be offered to them, even hard but varied occupations.

Plenty of food of any kind should be taken, even in the course of the night. Every five hours a hypodermic injection composed of 20 centigrams of quinine bromidrate with 1-75th grain of atropine sulphate, dissolved in 4 c.c. of glycerine and camphor water. Every evening a moral catechism should be imparted to them and left to their consideration, what a life they were living under narcotic influences, and impressing on their souls the new life they must start in the community, recommending to reciprocate their benefit with friends and taking out other unfortunates from the most dangerous habit.

I do not consider it wise to have patients treated by the reduction cure, as the largest number of these afflicted belong to the hard working class, with no large income, and when they have no funds to buy the drug they steal or become slaves. Should the Government offer a hand to these unfortunates for their safety and for the safety of our community? I think there is no better way to save, help and control millions of disgraced human beings than the direct control of the Government.

SPIRIT OF ECLECTICISM IN THE ORIENT.

J. J. Rizk, M.D., Waverly, Neb.

The present circumstances, when nations are struggling for freedom and the whole world is fighting for liberty and the connection of our great country with the Orient and the old world for the good cause of democracy, brought to my mind the true meaning of liberty—liberty in thought, action or deeds; liberty in medicine as well as in the forms of government—and for the first time my soul rejoiced within me to know that a victory for our arms, for the Stars and Stripes, the triumph of democracy, means to us as professional men and advocates of liberty in medicine—Eclecticism—a victory for our cause, and leaves us ever ready to wage a war against autocracy of any kind, and to spread the spirit of Eclecticism in the Orient and the whole world as we are helping to obtain its liberty.

As a true American, but a native born of the Orient, I had an unusual opportunity of observing from time to time the changes which occurred and the conditions which existed in the Orient. The subject which I selected for this occasion, "The Spirit of Eclecticism in the Orient," will be offered to you briefly from an experimental and historical standpoint. I stated that I am an Oriental born, and wish to add to this that I was reared in the province of Galilee and in the neighborhood of the city of Nazareth. Can any good come out of Nazareth? This I hope you will accept as an excuse if you do not find anything good in my brief address to you at this hour.

The history of medicine or of the healing art is as old as history, and as history proves to us as nations or individuals leaned from time to time towards liberty in their ruling, it also gives us a hint that the spirit of Eclecticism in medicine existed in the early historical period, and approves what the great Hebrew Wiseman said, "What has been is what again will be; what

has been done is the same as what will be done; there is nothing new under the sun."

Historians differ as to the origin of medicine as an art. Some of them give a full credit to the Egyptians; others, however, trace it to Arabia, crediting it to Arabos, the son of Bel and Babylonia. This leads the latter to declare that the Chaldeans are the inventors of the art of healing, but both sides agree that the Orient is the origin of medicine, as it is the birth-place of humanity, and many of them record that the ancient Oriental nations, such as the Assyrians, Egyptians, Chaldeans, Arabians, Hebrews and many others have practiced the healing art on a clinical basis, through which we can see the spirit of Eclecticism in their medication. They placed the sick in a public place and gave the privilege to everyone to observe and study his condition. If anyone had a similar complaint, or if he knew of anyone else that had suffered from the same malady, he was asked to give advice and tell his experience of such remedies as had been found beneficial.

I need not go to history to name the different drugs introduced to the profession by the Oriental physicians and used in our daily practice, but I wish to say that the learned men of the Orient were not merely astrologers, having no knowledge of medicine, but they had a rich materia medica compared to their time, and made up chiefly of botanical drugs. They also had their medicaments, both internal and external, which they made use of like practitioners of later days, and from time to time the spirit of Eclecticism appeared in their professional life.

Up to the early history of Christianity, we had a very faint view of this spirit. When Agathinos of Sparta endeavored to establish a school of medicine upon a rational and philosophic basis, combining the principles and methods of the various sects so far as they could be made to harmonize, in this we can clearly see the spirit of Eclecticism. Arkhigenes, a native of Syria, was a student of Agathinos, and held, like his preceptor, the true spirit of Eclecticism, and he is often described and noted as the founder of the Eclectic School of Physicians. He once cured Agathinos of a delirium by anointing his head with warm oil. He enjoyed a high reputation during the reign of Vespasian and later emperors, and his treatises on the pulse, chronic diseases, pharmacy and other medical subjects were cited by Galen with warm praise. Aretaeos of Kappadokia is considered as the brightest luminary of Eclecticism in the ancient historic period of the Orient, and the spirit of Eclecticism is shown in his writings, some of which still remain. He was the anthor of many medical discoveries in which the spirit of Eclecticism fully appears, and his work was quoted by writers after him. He suggested the use of copper in epilepsy. Veratrum was a favorite remedy in his armamentarium. He administered wine, opiates and other drugs and applied massage and advised special diet in various diseases.

The chief luminary of medicine in the Orient, however, was Al Husein Ibn Sina, known as Avicenna. As a great medical author and teacher he chose and brought together the doctrines and discoveries of those who had preceded him, and added to them and put them forth in a new form, guided

by the spirit of Eclecticism. It is said that he was equal to both Aristotle and Galen. Even at the present day the medical world has not become emancipated altogether from his authority, and in a recent article in the *American Journal of Clinical Medicine,* under the title "Back to Avicenna," several doctors reported with success the treatment of diabetes as recommended by Avicenna after they had failed to accomplish any results otherwise. He made use of some plants not now known in medicine, or else looked upon merely as the vestiges of a forgotten pharmacopeia. Among these plants were fenugreek, lupine and wormseed, which are in use yet by the natives of the Orient. The editor, commenting on this, said: "A few such notable examples and we shall see the return to drugs accelerated with a rush. One great mistake we make is in forgetting that these old sages such as Ibn Sina were quite as close observers as we, probably more so, as they had no instrumental aids. Those men of old were quite able to judge of the action of remedies, and their results often were as good as the best we can boast today." Is not this an Eclectic spirit?

I do not aim by this to give all the credit of this great movement in medicine to the old world, but I wish to make it known to those who prefer the old to the new, and are misled by the majority against the minority, that this spirit existed in the early history of medicine and went through the process of progression, with sone one always carrying its banner, until the forefathers of Eclecticism fought the battle of liberty in medicine on the ground of liberty, and their victory is what you and I are representing. Therefore, if our materia medica is of any value to us, let us remember that almost every vegetable drug in it was given to us by early investigators. Discovered first by the wild man, then used in domestic medicine, and only afterward by some practitioners, and next investigated by the Eclectic and Homeopathic physicians and by them introduced to the profession; and let us rejoice that this spirit is appearing in the life of the profession at large; that a great many of its opponents are becoming its friends, admirers and believers. But let us not lay down our arms until this spirit of liberty in medicine, Eclecticism, dominates with the spirit of democracy. Is not the great mortality of pneumonia in our army enough to make us raise our voice in defense of this spirit?

Now, as I promised to state some of my experience on this subject, allow me, if you please, to say that early in life I resolved to be a doctor. I recall the first day when I started to school at the age of seven; that day I was asked what I was going to make of myself. I quickly answered, "A doctor." Then my mother asked me why I preferred this to other professions. I said, "Because a certain young man in our town (whom I named to her, and who was then attending a medical college) is thought more of than any other young man in the community." The days and years went by, and as I grew everything in the line of medicine attracted my attention. I recall my early boyhood days, when I helped gather medicinal plants which were used later in various sicknesses in the family, and I am not ashamed to say that my grandmother, who was a midwife, taught her experience to my mother, and

I received a big share of it. I remember a woman once came to her, uneasy about a sick child. She was asked several questions concerning the age, dentition, nervous and digestive condition of the child, and was informed that the child was nervous, fretful and irritable, crying most of the time as from pain and the food was not well digested. Matricaria was chiefly indicated in this condition and was highly recommended to the mother of the child with success. Isn't this a true spirit of Eclecticism?

However, this is not the only drug used and now in use in the Orient in this natural method, but others like stigmata maydis, triticum, digitalis, avena, anise, pomegranate, foeniculum, capsicum, traxicum, oak oark, poppy, nux, camphor and many others, among which some have been either neglected, forgotten or not known to the profession. The knowledge of medicines used by the Moors and Arabs, which was brought back by the Crusaders, helped to educate the people of many lands to the uses of the balsams, spices and drugs of the Orient. I had the opportunity of visiting the cities of Beirut, Aleppo, Alexandria and Acre, where huge storehouses were erected for storing and importing Oriental drugs to Venice and the world. Acre, held by the Crusaders as a Christian bulwark in the Holy Land from 1191 to 1291, has a custom-house record of great quantities of rhubarb, musk, pepper, cinnamon, nutmegs, cloves, aloes-wood, camphor, frankincense, nutgalls, ginger, myrrh, sandalwood and indigo which were stored there en route to Venice.

While this seems to be out of the subject, it is closely connected with what follows. In the city of Acre, and as a teacher in a school then, after I finished my academic studies and was preparing for medical college, I went with some friends on a trip of pleasure and investigation to the interior of the country. We stopped with one of the old Arabian tribes who traded with the Crusaders in the city of Acre, and their descendants were then camping at the Jordan valley. Knowing their language and customs, we stopped in front of the highest tent where the sheik or chief lives. We were welcomed and asked to enter and dine with them. When the Arabian coffee was first served to us, after dinner I asked to see the Hakeen of the tribe, who is generally their oldest, in accordance with an ancient custom and saying, "Let your elder be your adviser and doctor." "Who has no elder, buy one." "Ask an experienced man taught by age and do not ask a doctor." We met the Hakeem of the tribe and had a long visit with him and his wife. We asked and learned many things from them. I asked particularly about the care of themselves and their horses at the time of sickness, and many plants were named to me with the symptoms of various diseases in which they were used. Accidentally an old woman came in and told the Hakeem that her daughter who was recently delivered of a child was very restless, the kidneys did not act and the milk did not appear in the breast. She was told to make a decoction of oats and corn silk and give of that to her daughter and to make her diet exclusively of honey and laben, a food made of either mares', camels', goats', sheep's or cows' milk, and the same thing as that which has become known to the profession as koumyss. What effect this

had on the sick woman I do not know, but I know when I studied the Eclectic materia medica and became familiar with avena sativa and stigmata maydis, and from what I know of the daily use of koumyss I could not forget this incident and could not but believe that the result was good. Many of such incidents can be told from history, from the life of the wild men, laity and the profession in the old and new worlds, and all tend to prove that the spirit of Eclecticism is the natural spirit in medicine, and as it is today and existed in the past, it will prevail in the future.

THE DIAGNOSIS OF ECTOPIC GESTATION.

O. C. Welbourn, A.M., M.D., Los Angeles, Cal.

The positive diagnosis of ectopic gestation prior to rupture is beset with many difficulties. Sometimes it is quite impossible for anyone, however experienced, to make a positive diagnosis. Still it is necessary to make the effort, because there is an enormous difference in the mortality rate of operations performed before rupture as compared to operations performed after rupture. It is not my intention to discuss the more obscure cases, for to do so would probably help no one. Rather would I emphasize a typical case and thus refresh our minds on the outstanding diagnostic points; and fortunately about half of the total number of cases will be found in this class.

A lady consults her doctor because she believes she is having a miscarriage. Usually she is right about it—in fact, it is so common that the doctor is apt to forget that there may be something else the matter. She has missed one period and there is a flow. A careful taking of the history probably would show also that she has not been pregnant for several years and possibly that she has been annoyed within the last few days by acute lancinating pains in the right or left iliac region. Temperature, pulse, and respiration probably normal. In any event a curettement is in order, and in due time this operation is undertaken. The operator finds very little to be removed and is apt to conclude that the decidua has already escaped, a conclusion which is absolutely unwarranted before a careful, painstaking bimanual examination has been made. The patient already is anesthetized and the conditions favorable for such an examination. Each ovary and tube should be palpated carefully and if found normal ectopic gestation may be excluded. But should a mass be found it becomes necessary to differentiate further, making a diagnosis between ectopic gestation and ovarian cyst, hydro- or pyo-salpinx, uterine fibroid, etc.

A uterine fibroid is hard, not sensitive, and intimately attached to the uterus, moving with that organ. An ovarian cyst is movable, globular and not sensitive. A pus tube is more filiform in shape, not so movable, and sensitive. A hydrosalpinx is the same, but not so sensitive. The ectopic is much more like the hydrosolpinx, except that one uterine artery is enlarged and gives the sensation that there is an increased volume of blood being

supplied to the part. This sensation is much like that which is found at full term, but, of course, not so marked, and limited to the affected side.

Not infrequently a tubal pregnancy may be found in the cul-de-sac, and therefore more difficult of palpation. Under such circumstances it is permissible to aspirate the mass to determine its character. And when the tube is in its normal position not infrequently even at this early stage there will be an accumulation of blood in the cul-de-sac caused by unnoticed intermittent hemorrhages. When found such evidence is conclusive. In closing, I desire to emphasize that it is possible to rupture a tubal pregnancy during an examination; therefore, it is well to be prepared for an emergency laparotomy.

VENTRAL HERNIA FOLLOWING LARAROTOMY.

Benj. E. Dawson, A.M., M.D., Kansas City, Mo.

Last July I was called to central Kansas to operate on a woman, thirty-six years of age, married, nullipara. The operation was salpingo-oöphorectomy, unilateral. On entering the peritoneal cavity, we found the left oviduct completely buried, snowed under by a matted mass of adhesions. After a prolonged and tedious process, carefully executed, we succeeded in lifting the uterus and adnexa from their old bed of adhesions. The left tube was curved downward on itself and completely adhered to the side of the uterus, forming a strong resemblance to a fibroid tumor, almost as large as the fundus of the uterus. Close inspection showed it to be a pus tube, which was removed, as was also the ovary, and the wound closed in the usual way. The abdominal incision reached almost from umbilicus to pubes, this being necessary to facilitate the needed work.

The work was done at the patient's home, which was eight miles in the country, in a small farm house, no conveniences, and very unsanitary surroundings. I insisted on a nurse being placed in charge, but her financial condition forbade this, so I left her in charge of a sister, to be instructed by the family physician, who resided eight miles distant. My prognosis was painted in somber colors, on a background of doubt.

The word uneventful is very precious, valuable, and often used by surgeons in reporting their cases. I really don't know how we would do without it. If many were reported where the prefix *un* should be left off, I am sure the profession would profit more if the reporter is lauded less. This case made a vey eventful recovery. As Samantha Allen would say, there was lots episodin' going on. Her recovery was full of events—sepsis, pus, gaping of wound, chills, fever, sinking and rallying many times. After many weeks the wound closed and she was able to get up. She soon assumed household and numerous outside hyphenated duties, usually found clustering around the farm house. She wore no bandage or abdominal support of any kind. The result was a large ventral hernia.

I did not see her after the operation until the latter part of January, when she came to consult me about the hernia. It was a sight to behold;

almost as large as a man's head. It was supported by a towel, which she would pin around the body while standing. I advised surgical procedure, to which she readily assented.

After several days' preparation she was put under chloroform, introduced by H. M. C. I removed a large elliptic section from the integument and fascia, these being the only covering of the hernia. I then removed a generous slice from the deeper tissues on each side of the wound, including the parietal peritoneum. I then closed the wound in the usual way, suturing each layer of tissues separately. The dressing was secured by adhesive strips, two inches wide and of liberal length.

I encountered great difficulty in replacing and retaining the omentum and intestines. They had become so firmly habituated to dwelling in the new-formed baywindow as to require much ingenuity and persistent effort to induce them to change their abode. Even Trendelenburg's posture, with pads and the hands of assistants, were scarcely adequate. Finally our persevering efforts were crowned with success. We had destroyed the baywindow, driven the inmates back into the old room and closed the door. The recovery was uneventful, except a little superficial stitch infection, just under the integument. The result was very gratifying, both to physician and patient.

I relate this case that we may observe the guideboards erected along the way. There is nothing in it to commend my skill; there is nothing in the successful result worthy a place on this program. The mistakes and mismanagement are, however, worthy of our consideration. If one does not profit by his mistakes he makes no progress. The hiss of a rattlesnake is hideous, but gives warning; buoys are unsightly, but very valuable to the pilot; the red light is gruesome, but shows an open switch.

The first lesson here warns against operating in unsanitary environments. Sometimes emergency or circumstances are so imperative as to contravene delay. The next red light of warning is the danger of leaving our patients in incompetent hands. Third, the after-treatment should be carefully looked after. A good foundation is of little avail for building a house of straw and paper; a suit of clothes, accurately fit by the cutter, may be spoiled by the seamstress; the surgical operation may be a failure, or worse, for lack of proper after-treatment. We should school ourselges to accuracy in details, even at the risk of being classed as persnikety.

ANTITOXINS.

E. P. Zeumer, M.D., Cincinnati, O.

In the use of biological products for the treatment of pathological conditions it is necessary that we consider the various forms of immunity. By the term immunity is meant various degrees of non-susceptibility to disease or to pathological organisms or toxins. It is either natural or acquired. Some animals are naturally immune to diseases prevalent in man. Certain

families have great resistance to some diseases. Certain races are more susceptible to some diseases than other races. For instance, the negro is more susceptible to small-pox than the white or Caucasian race. An example of natural immunity is found in tuberculosis. The autopsy room reveals the fact that the majority of cases dying from other diseases show the presence in one form more or less of healed tubercular lesions. These patients have had at some time in their lives an active tubercular lesion, but owing to their resisting power have been able to throw off the infection and the lesions have healed. An acquired immunity is a condition brought about by an attack of certain infectious diseases which affords a life-long or varying degree of immunity to further attacks of the same disease.

We are able by the use of certain biological products to produce an artificial immunity. It is either active or passive. By an active immunity we mean a form of immunity that is forced upon the patient by treatment which stimulates his own resisting powers to greater activity. In the use of bacterial vaccines we have an example of a bacterial product that stimulates this resisting power. They are used both as a prophylactic and a curative measure.

A bacterial product that will antidote or neutralize or counteract certain toxins or poisons excreted by pathogenic bacteria will cause a passive immunity. These products do not in any way stimulate the patient's own resisting powers. They simply counteract or neutralize the poison very much as an acid neutralizes or counteracts an alkali. A well known example of this form of immunity is that produced by anti-diphtheritic serum when injected into a patient suffering with diphtheria. In other words, in a case of active immunity the patient supplies his own anti-bodies, while in passive immunity the anti-bodies are furnished him from without.

Our paper has to do with the serums. They are of two kinds, anti-toxic and anti-bacterial. The anti-toxic serums are obtained by treating animals with repeated doses of toxin excreted by bacteria during the process of growth in suitable culture media; while the anti-bacterial serums are made by injecting animals with the bacterial substances of organisms that do not excrete soluble toxins or poisons. Anti-diphtheritic serum is an example of the first class, while anti-streptococcic serum represents the second class.

Numerous sera have been made and used with varying degrees of success. The anti-diphtheritic, anti-tetanic, and anti-tubercular have received the most study in all probability. They are all anti-toxic sera. The anti-gonococcic, anti-meningococcic and the anti-streptococcic serums are all anti-bacterial.

We will not attempt to describe the method of manufacturing these preparations, except to repeat that the anti-toxic serums are made by injecting the animal with the toxins or bacterial poisons excreted by them, while the anti-bacterial serums are made by inoculating the animal with the bacteria themselves instead of the bacterial toxins.

In the use of serums or anti-toxins to combat the infectious diseases the active immunity of a horse is transferred to the human patient and consti-

tutes what is known as passive immunity in the patient. These serums have robbed many severe infectious diseases of their horrors and have saved countless lives. In diphtheria, particularly, it has proved a great benefit. It is of value both as a curative and as a prophylactic measure. In former years the dose used by most physicians, and also recommended by many authorities, was too small. I remember sixteen years ago that if a physician gave more than three or four thousand units at a dose in treating a child with diphtheria he was looked upon by many as being very careless with his dosage. The initial dose in any case should never be smaller than three or five thousand units, and, in the majority of cases ten thousand units should be the initial dose. I have given sixty-four thousand units in twenty-four hours. The attending physician said I was crazy, but as he had already given up the child as incurable he really had no kick coming. I might add that the patient recovered nicely. Inasmuch as an overdose of antitoxin does no harm, it is best to be on the safe side and give enough. If enough antitoxin is not given to thoroughly neutralize the diphtheria poison the uncombined toxin goes on with its destructive work and the patient may succumb. In many cases the antitoxin is not given until possibly the fifth or sixth day, in which instance the initial dose should be larger because the amount of toxin to be neutralized is greater. In these cases a dose of twenty thousand to fifty thousand units may be given as an initial dose. In severe advanced cases the antitoxin should be given intra-venously, using the same amount of caution that would be used with the intra-venous injection of any other remedy. Diphtheria antitoxin is also used as a prophylactic agent. The immunity conferred by it, however, is only temporary, lasting only a few weeks at the most. A dose of one thousand units may be administered to all members of the family in which one member is afflicted.

There are many cases on record of undesirable reactions or serum sickness following the use of anti- toxic or anti-bacterial serums. This is generally due to a hyper-sensitive condition of the patient through the injection of foreign proteids. These conditions are usually characterized by urticaria, edema, painful joints, fever and albuminuria. All these symptoms are not present in every case, and sometimes the urticaria is the only manifestation of the disturbance. These patients who have had a previous injection of serum often develop symptoms within twenty-four to forty-eight hours, while those patients who have never been treated with serum may show no reaction until eight or ten days have elapsed. These conditions are, as a rule, not dangerous, and usually disappear in a few days. There are a few cases on record of profound or even fatal collapse. This may be due to extreme hyper-sensitiveness to serum albumen or to unstability of the vaso-motor apparatus. Since the use of the concentrated serum, or the globulin, the undesirable effect of serums has been reduced to a minimum.

In the case of diphtheritic antitoxin statistics prove that it has lowered the mortality to 4 per cent. Statistics also prove that the earlier antitoxin is administered the better are the patient's chances of recovery. In nearly every instance we have observed in consulting reliable statistics that where

it was given on the first day that the mortality was not higher than 1 per cent., and that the longer the antitoxin was withheld the greater was the death rate.

We mentioned above that a prophylactic immunity was induced against diphtheria by the use of the antitoxin in those patients exposed to the infection, and that the immunity lasted but a few weeks at the most. This is usually enough to protect a person recently exposed, but not enough to protect those who are continually in contact with the disease. This applies to doctors, nurses, attendants, etc., at the homes or in attendance of the patient. A more lasting immunity is therefore demanded in such cases, and a great amount of work has been done in order to produce a product that will give a more lasting immunity. Experiments with a neutral mixture of diphtheria toxin and antitoxin was undertaken, with the result that injections of toxin and antitoxin is now an established procedure. This mixture is kown as diphtheria prophylactic, and consists of 80 per cent. of a lethal plus dose of toxin to one antitoxin unit of diphtheritic antitoxin. It is given subcutaneously in doses of 1 c. c. each about every five days until three doses have been given. It is not used as a treatment for diphtheria, and is not given to a patient who has been recently exposed unless a prophylactic dose of antitoxin is given with it.

Recently a method has been devised to determine the susceptibility to diphtheria. It consists of an injection between the layers of the skin or in making an intra-dermal injection of a small amount of diphtheria toxins. The amount injected consists of 1-50 of a minimum fatal dose of toxin diluted to 0.2 c. c. with normal salt solution. The minimum dose referred to is the minimum dose that will kill a guinea-pig weighing 250 gm. in a certain period of time when injected together with one antitoxin unit. If this solution is injected under the skin no reaction is seen. It must be injected into the skin.

The Shick reaction depends upon the irritant action of the diphtheria toxin. If the patient's blood does not contain antitoxin or a sufficient amount of it to protect against the disease, a positive reaction will appear in from 24 to 48 hours, which lasts eight to ten days, leaving a slight pigmentation. The reaction is characterized by a small area of redness, with slight infiltration, and upon leaving shows a slight superficial scaling. The intensity of the reaction varies in different individuals, but a well-marked redness shows almost an entire absence of antitoxin. Fainter reactions point to smaller amounts of antitoxin, but not enough to protect against diphtheria. This test bids fair to become a useful agent in the hands of the physician as an aid in governing the intelligent application of diphtheria antitoxin as a prophylactic measure.

The tetanus antitoxin is made in much the same way as the diphtheria antitoxin, and is used both as a curative and prophylactic remedy. It is a much more successful agent in preventing than in curing the disease known as lock-jaw. The harmful action of tetanus toxin is generally attributed to its affinity for the central nervous system. The manner in which it reaches

the central nervous system has been investigated extensively, and Meyer and Rosenau claim that the toxin is conducted to the nerve center with which it forms a chemical union along the paths of the motor nerves. By the time the average patient reaches the doctor the disease is so far advanced that the serum has practically no effect on the toxin. Its value as a prophylactic agent, however, is well known, and there are many cases known to have been cured by its timely use.

The anti-streptococcic serum is well known and is used extensively in treating the various infections due to the streptococcus. It is of more value in those cases whose resisting power is so lowered as to be unable to successfully combat the inroads of the streptococcus. These serums are usually polyvalent; that is, they are derived from animals immunized to a large variety of streptococci. A large number of favorable reports are given each year, but are not comparable to those obtained from diphtheria antitoxin. It seems particularly useful in the treatment of erysipelas and puerperal infection. The anti-streptococcic serum is not used as a prophylactic measure at all and seems to have no effect when used in that manner.

The anti-gonococcic serum is prepared in essentially the same way as the anti-streptococcic. It is used in the treatment of the sequelæ or the complications of gonorrheal infection and not in the acute stages of the disease.

The anti-meningitic is obtained by immunizing horses to the endotoxins of the meningococcus. It is injected into the spinal canal. The technique of administering is known to all, and I will not take the time to describe it. This serum is not used as a prophylactic agent.

There are a large number of sera still in the experimental stages, a number of which are of probable value, such as the anti-cholera, anti-plague and anti-dysenteric. Still a larger number have proved of no value at all. The anti-pneumococcic serum is coming to the front again since the discovery of the various types of pneumococci, and bids fair to be classed among the sera that are of known therapeutic value.

DISCUSSION.

Dr. Richard J. Lambert (St. Charles, Ill.): The antitoxin the doctor spoke of is being used quite extensively in the hospitals of Chicago and with quite good success. I was glad to hear the doctor's description of it, telling just what it was; I was not positive what it was. They call it T. A. The doctors say they are having very good success.

Dr. Wm. P. Best (Indianapolis): I would like to add one word in regard to this subject. I, like a good many other Eclectics, have felt a hesitancy in taking up this type of treatment. A good many of us have probably closed our eyes to the possibilities of this type of curative agent. I think most of us are too ignorant about these things to know positively what to do and what not to do. Personally I wish for information. The development of this subject here today is worth while. It has been of value to me, and I hope I am not alone in making this statement—that others will feel the same way. When we go home and have time to consider these things carefully, I hope we will give these subjects more attention. Last winter, I took time before our meeting to review all the up-to-date literature in our leading

medical journals concerning the use of antitoxins and vaccines. My object was to bring before our people a resume of the ideas as prevailing at that time. Since that time there has been lots of development of these things. We, as Eclectics, I believe can not afford to shut our eyes to the progress made in therapy in that direction. I may be a little cranky on this subject, but I feel that we should have our eyes open to progressive ideas issuing from any source. If we are not broad-minded enough to accept the conceptions of other men who are doing good, I think we have missed our calling.

Dr. Allen H. Rowe (Buffalo, N. Y.): The idea prevails among a good many Eclectics that the use of vaccines and antitoxins is anti-Eclectic. I want to say that is absolutely a mistake. You must remember what the word "Eclectic" means; it means to select, and if there is anything that contributes to Eclecticism it is this very treatment, which should not be rejected because it happens to be promulgated by some other school of medicine. It is not anti-Eclectic for any of us to use vaccines and antitoxins. The only thing is, some of it is empiric, and we have done a good deal of empirical work ourselves, and the idea of giving over this empirical work does not appeal to us. I hope that branch of medicine will be taken up heartily and carefully by our school of medicine.

Dr. E. P. Zeumer (Cincinnati): The doctor mentioned this as empirical. If there is anything specific it is biological therapy. Why? We get a streptococcic vaccine, what for? Not for erysipelas, cancer or tuberculosis, but for a streptococcus infection no matter where it is located. This thing is not a cure-all, but it fits in, it has its niche the same as other preparations, and I am anxious to see the members of this school take more interest in it.

THE PIVOTAL POINT AND ITS AUXILIARIES IN THE ESSENTIAL ADVANCEMENT OF ECLECTICISM.

Finley Ellingwood, M.D., Chicago, Ill.

In the growth, development and advancement of Eclecticism there has probably never been a day like this day. If we were to stop, pause, and carefully consider the relationship of our school of medicine to the profession at large, at the time our school was born, to the profession today, in the position of its marvelous advancement, to humanity, for the cause of which Eclecticism came into being, we will truly say that it occupies a peculiar position. From the title of this essay, as it is printed in the announcement, one would infer, first, that there was advancement in our cause; second, that this advancement is essential; and third, that there is a turning point somewhere, to be considered, in the advancement.

It is impossible in this short address to go back in retrospection and cover the years of the past. We will therefore consider conditions as we find them today. When everything in every department of the world's progress is influenced by the world's great war, it would be unwise to say that the progress of our own school was not also influenced. But independent of this great influence we have arrived at a time when, if conditions were in a normal state, we could well say that there is a turning point, now, in the affairs of Eclecticism, and that this should have our attention.

Dealing in order with the inference above referred to, the question arises,

"Is there advancement in Eclecticism?" Considered from a certain view point, we would on first thought answer no, but considered from that view point which was the great objective when the school was founded I am glad to answer that its advancement is greater than ever before. Let us consider what it is that constitutes advancement.

In the first place, there must be increased recognition, increased support, and increased adoption. In its adoption there must be an appreciation of its principles, an increased ability to adapt them, and a persistent and close study of the essential factor involved in the principles.

In the increase there must be an increase in literature, both permanent and periodical. There must be an increase in the ability to teach our principles, an increase in the colleges, and a growth and development of the character of each individual school, and an increase in the number of teachers. From these combined influences there must be an increase in the number of matriculants, an increase in the number of graduates; and last, but of most importance, an increase in the number of practitioners, who through college training or by outside study and acquirement, or by the combined influence of college training and post-graduate study and investigation, have finally taken this method of ours as their own and are becoming proficient in it, and from this proficiency they are greatly increasing their success as practitioners, are making themselves eminently proficient in the cure of disease and in the alleviation of human suffering.

If these are the only essential factors of advancement, however, and I would ask any honest, well-informed individual present whether or not our cause is advancing, he would be obliged to answer the question in the negative. There was a great unwritten object when our school was organized; that was, the *establishment* of a *faith* in our medicine and methods, the establishment of confidence in the *truth* of our teachings, and the *establishment* of a *belief* that this method of treatment contains the *essential truths* desired, in the application of drugs for the cure of disease, and that it is a superior method in all of the results attained in the process of cure, to any other method known today. This was, this is now, the great object.

This faith has grown, has become spread and has developed in a practical, highly successful manner, in every branch of medical practice, in every department of the healing art, until nearly, if not quite, one-half of the entire profession have confidence that we have the truth in our teachings, of which they have no general knowledge. They believe that the basic principles of our teachings are rational, are practical, and, as we have stated, contain the truth in drug application—more clearly manifest, more practically developed than the principles evolved by the profession at large in their teachings, as applicable to the general family practice of the common isolated, everyday, responsible doctor.

So very many theories have been advanced by the old school which have not developed as anticipated, that a dense cloud of doubt—first, as to whether disease can be cured by drugs, and second as to whether there are such thing as medicinal properties in drugs—that this doubt has unsettled the

profession at large and has caused them to conduct themselves toward their patients in such a manner that the people themselves have become doubtful to a large degree as far as the methods of the old school are concerned, and have adopted drugless methods for the time being.

Out of this cloud of darkness they now find a rock upon which they can stand when they consider the value of individual remedies, or of any class of remedies, and that is in a rapidly growing belief that the specific medicines of our school, the definitely prepared remedies which have evolved from a life-time of study from almost two generations of hard work, of the individual properties of the individual plant drugs, amounts now to an established faith in these drugs; and from this faith their confidence enables them to more correctly prescribe, to more successfully treat disease; and, while they have not joined our school, and while in many cases they do not recognize that we have a right to be called a distinct school, they are positively absorbing our methods and measures. They are adopting our specific medicines and rapidly spreading the truths we enunciate, to members of their own school, until these medicines and these truths are becoming absorbed, appropriated and recognized as standard remedies of the highest quality and reliability. This sentiment is stemming the tide of nihilistic advancement, and is making better doctors of the profession at large, to a much larger extent than most of us have any idea.

This, as I stated, was the great original objective of our school at its inception. The turning point has been long in being reached, but we have arrived at that point, and to perfect it and make it complete is the duty of every individual member of our school today. What can we do to promote this desirable result? This is the great question for each of us to solve.

I shall not be able to discuss every point that suggests itself to us as a means to this end. Some questions arise which I would present and leave for your solution.

First, is it necessary that the Eclectic school of medicine should stand by itself as a distinct school of medicine in every branch; that its members should keep themselves isolated, separated and distinct from the other schools? Can they by this means more readily bring about a consolidation upon our own principles and truths by the total profession? Can they the more readily, by this means, disseminate our truths widely, and the more rapidly cause their spread and adoption?

Again, is it necessary to continue our colleges as distinct from other colleges in their teachings? Is it necessary to require of students a full four years' course independent of the training received in other schools? Or is it wise to continue in our colleges the recognition of the training received in other colleges, as now adopted by our colleges?

The next question concerns the development and continuation of our literature. This question is too patent to admit of any doubt. The question of the literature of our school is a most important one. I have been overwhelmed with its importance, and have tried to devise means by which all will appreciate this importance. Our periodicals have fallen off one by one

until we have only three or four left. For at least two and a half years no new book of any considerable size has been published. But the most deplorable fact is our inability to get our co-laborers in the school—conscientious, faithful working men as they are—to contribute their practical experiences for publication. I am aware that only certain men can write, but we have many who can write. One of the peculiar advantages of our method is that those who adopt it succeed in their practice, and among their successes is that of accumulating an independence readily, by which the need of extra labor is taken away and one's energies are paralyzed to an extent. This should not be. Every individual should be so interested in the school that he would not hesitate to continue his efforts in disseminating these truths after the necessity on his part is gone, purely from his desire to establish these principles and to benefit the profession as a whole, and, through the profession, humanity.

The greatest solution of our question, gentlemen, is *honest, wide-spread, general publicity, more particularly within the profession.*

This publicity involves, first, that which I desire to emphasize, and that is, *the making of literature.* The enthusiastic, energetic and persistent producing of literature to cover, not only the *properties of the remedies* that we use, in every particular, with *their adaptation to exact indications* to which we have found them adapted, but there should be a certain amount of research in line with the methods adopted by the Regulars in determining the properties and action of serums and antitoxins and other of the remedies, as far as practicable, applicable to *our* remedies.

It would not be at all necessary to go into the extreme detail adopted in the study of their remedies, and the literature piled up concerning those scientific observations; but there should be literature concerning our clinical observations of a very much more scientific, accurate and reliable character than is adopted.

My reasons for insisting upon this have been brought out of some observations I have made in the last two years. I was requested to testify in the celebrated "Wine of Carduii" case, against the *Journal of the American Medical Association.* I refused to do this because of the character of the product of the manufacturer, but I took a great deal of interest in the trials, both the one in Chattanooga and the one here. I was surprised to find that the amount of matter to be found in all publications concerning the medicinal agents the company claimed to depend upon for results was so very small, and so indefinite, that it would carry little if any weight with the jury, and so little that it appeared insignificant to the professional men listening. It gave me a chance to see that my own literature, which I had hoped was full and definite, lacked much of stating all facts which could have been stated to advantage.

These court proceedings aroused my attention to this matter, and in the next six months I gave it a great deal of thought. But later I was asked to testify by the Government concerning the action of drugs in cases that were being prosecuted, and very much to my chagrin I found that our common

remedies had not enough said about them in literature, outside of the bedside observations of physicians, to carry any weight whatever in court.

Still later, a list of these remedies was brought before an important committee of unprofessional men. These men had hunted up the literature on the subject without regard to school, and they repeatedly produced fact after fact from the old school writers, which stated plainly that these remedies had no medicinal properties; and later, after examining our literature, the court said that there was more evidence in favor of the statements made by the old school than there was by our own, largely because there were so many more writers who made the same erroneous statements.

When this was brought to my attention so positively, I then recalled the work of the Committee of Chemistry and Pharmacy of the Americal Medical Association in stating that echinacea, cactus, phytolacca and very many other of our remedies contain no medicinal properties of value and were not worthy of approval because the *authorities approving them were not known in medicine*. I could then see that there seemed to be an apparent effort, quite plainly observed in many cases, to discredit *the plant drugs* and to put them into the position of ill favor with the profession at large and with the people. I could see no other reason for their desire to create this opinion except that of prejudice alone, because of a jealous sentiment, perhaps, against those members of the profession at large who are receiving the truths as we state them and are using them contrary to orders and to the detriment of the teachings of the American Medical Association.

There is very much more to be said on this subject than I could possibly state in this paper. There is a great deal to be considered and enlarged upon, but it is a very important subject and it resolves itself into the fact that we must have more written by our busy doctors and by our best writers. It must be put into some shape so that it can be used authoritatively by those connected with the consideration of these matters, involving the action of these drugs; and this writing must not be confused in its style or manner by including the errors that are made by those writers on drugs who adhere to theories that we can not approve.

I will illustrate this last statement from a small book that was printed on botanic remedies some months ago, from a very conspicuous and prominent writer of the old school. This book has been listed among Eclectic books by some of our publishers, and it is being sold as such. The book takes as a basis for its teachings the physiological action of each drug, and claims that few if any of them, when examined with reference to what they will do on a healthy animal, as suggesting the active properties in a diseased man, will bear out the teachings that we place upon them. The object and result of the teachings of this book is positively to undermine confidence in clinical or bedside observation of drugs. In the case of very many of our active and very reliable remedies there is only a short article written, and this winds up with statements to the effect that it can not be relied upon for medicinal properties. The work will, in the minds of young students and men inexperienced with these drugs, do very much towards undermining

our teachings. I am confident that many of the good things that have been said about this book, by our writers, have been said without a careful consideration of this fault.

I hope what I have said concerning the necessity of a more complete literature, the need for scientific observation of the action of many of our drugs, and the necessity of co-operation by our writers in enlarging, improving and modernizing our writings and awaking interest on the part of those present, will tend toward co-operative effort and result in a full realization of the serious objections that the lack of recent literature makes.

I believe that in this is a turning point in our advancement, and I believe that properly recognized and receiving energetic attention we can by this most materially increase the advancement of our methods among the members of other schools, and, if carried sufficiently far, this could do a great deal toward a general adoption of our methods.

There is one thought to be considered here, and that is, that the medical journals of the old school would readily print our contributions if our better writers would make it a business to prepare articles for these journals in the same style and manner as those written for our own journals. If we could succeed in having articles printed freely during a period of at least one year, I believe there would be enough recruits from the old school ranks to materially increase the students in our medical colleges and to claim increase in support of our own publications, especially our periodicals.

I hope the members of this Association will give this matter much thought, because there is here certainly food for thought.

MACROTYS (ECLECTIC NAME).

Richard J. Lambert, M.D., St. Charles, Ill.

In presenting this paper I wish to state that I am not offering anything especially new, but have endeavored to review the literature to date and add my own experience, and hope to stimulate a renewed interest in this standard and well-tried remedy. I find that where a drug or subject is presented and discussed before a body of students, several new facts are brought out and renewed interest is manifested in the drug or subject. So I hope to bring out a discussion of this drug in the hope of securing some new therapeutic use of macrotys.

The U. S. P. name is Cimicifuga.

History.—The name is from the Latin "Cimex," meaning bedbug, and "fugere," to drive or fly away—that is, the odor is said to drive away bedbugs. "Racemosa" is from the Latin "Racemosus," meaning full, or "racemes," (resembling a bunch of grapes), that is, the flowers do. The name Actea is from the Greek "Akteia," meaning elder, because the leaves resemble those of the elder tree. All pre-Linnaeus writers classed the plant with Actaea. The Linnaeus gave it the name "Actaea Racemosa," under

which it was classed until Pursh referred it to the genus Cimicifuga. Rafinesque called the plant Macrotys Serpentaria.

Macrotys is an American perennial plant, inhabiting rich woodlands east of the Mississippi River, except the New England States and extreme south. Macrotys was observed by the earliest European travelers in America and introduced into England in 1732, and was first described by Plunkenet in 1696. Rafinesque (1808) proposed the name Macrotys because the fruit of the plant does not accord with either Cimicifuga or Actaea. When Eclecticism was founded Watson's manual was the popular text bood on botany, and he followed Rafinesque in calling the plant Macrotys Serpentaria. So the Eclectic school retained the name Macrotys Racemosa, they being loath to change established terms.

Macrotys was highly valued by the Indians, who employed a decoction for diseases of women, to induce perspiration, as a gargle for sore throat, and for rheumatism. Macrotys was given attention by several of the early writers, but none added anything to its virtues other than had been claimed by the Indians, except Howard in 1832, who was an enthusiast in favor of Macrotys in the treatment of smallpox. Forty years later the same claims were supported by G. H. Norris in 1872. In a paper read before the Alabama State Medical Association, in which he reported that during an epidemic in Huntsville, Alabama, families using macrotys were absolutely free from smallpox, and that vaccination took no effect as long as the use of macrotys was continued. Howard used an infusion, and stated that it was not marked by the alarming action in large doses that characterized the tincture, and gave as the evident reason that the watery menstruum does not carry the energetic resinous compounds that are in such large quantities in the alcoholic liquid. In 1848 a committee of the A. M. A., Dr. N. S. Davis, chairman, reported that the committee "uniformly found macrotys to lessen the frequency and force of the pulse, to soothe pain and allay irritability." Macrotys is called Black Cohosh, a species that it had been classed with. There are four Cohoshes: The black cohosh (Macrotys), blue cohosh (caulophyllum), white cohosh (actaea alba), and red cohosh (actaea spicata). The term "Cohosh" is an Indian name of unknown meaning. Chemists have been unable to obtain an alkaloid and have not determined its active principles. Hence the lack of a definite record of physiological action.

The common names are Macrotys, Cimicifuga (U. S. P.), Black Snake Root (because of color and reputed use in snake bites), Black Cohosh, Rattle Weed, Rattle Roots, Rattle Snake Root, and Black Snake Root are corrupted names; Bugwort and Bugbane are misapplied names borrowed from European species of Cimicifuga; Squaw Root properly belongs to Blue Cohosh because of the medicinal use of the drug by the Indians; Rich Weed is a misnomer and is now given by botanists to Piles Pumila.

Macrotys belongs to the botanical order of Cimicifuga Racemosa, and the natural order or family is Ranunculaceæ.

The part used with a description is the dried rhizome and roots (accord-

ing to U. S. P.) which grows in shady woods, attaining a height of six to seven feet, with large multi-compound leaves and whitish polandrous flowers. The rhizome is in matted clumps, average weight four to eight ounces, horizontal, with numerous short upward curved branches, which gives the rhizome a rough, irregular appearance. Roots cover the under part, and are from six to ten inches long. Green Macrotys rhizome is brittle and breaks with a smooth fracture and is white, but immediately turns pink when covered with alcohol. Macrotys rhizome should never be broken until it is dried. The Eclectic specific medicine is made from fresh Macrotys deprived of its water. Wood states: "The tendency of the drug to deteriorate on keeping indicates the presence of a volatile principle. The drug's activity is greatly reduced in drying and preparations of the dried plant are unreliable. The habitat is the United States east of the Mississippi.

Active Principles.—The active principle has not been determined. Macrotin or Cimicifugin is an impure and mixed resinoid, and is claimed by some to represent the plant; but it does not—a statement made by Grover Coe in 1856, and we have had no occasion to change since. It contains a volatile oil, glucoside, tannin, gum, starch and resinous amorphous body which may be the active principle, yet chemical manipulation gives no definite results.

Properties and Uses.—The green and dried drug have different actions, so that the true physiological action is not determined or agreed upon. As regards the physiological action, Wood states, "There have been no cases of poisoning by Cimicifuga, but large doses produce dizziness, intense headache, general prostration (evidence that it has an influence on the cerebrum), with reduction of the pulse force and rate, and occasional vomiting." I find there is practically no effect on the nerves. The action of Cimicifuga is primarily on the muscle tissue. Macrotys is a direct depressant to the heart muscle as well as the arterial system, slows the pulse, reduces arterial pressure, and finally diastolic arrest of the heart, slows the respiration, stimulates expectoration and perspiration. It lowers reflex activity because of the depressant action on sensory side of spinal cord. In large doses Cimicifuga paralyzes the sensory nerves of the spinal cord of the lower animals and lowers reflex activity. Death is due to respiratory arrest. Hatch classes Macrotys with the bitters. Hoyt classes it as a mild sedative. Johnson claimed it to have digitalis action. Potter says the toxic symptoms are general relaxation, prostration and weak heart action; also having an ergot-like action. Cushney does not mention Cimicifuga. Sajous says its influence upon the heart resembles that of digitalis; large doses increase arterial tension and cardiac action, while the pulse is slowed. The latter result is secondary. The use of the drug, when the walls of the organs are diseased, becomes dangerous in large doses."

The specific indications calling for the use of Macrotys are muscular aching, local and general rheumatic pains with soreness of muscles in any part of the body, uterine pain and as a uterine tonic and parturient; to allay inflammation, allay pain and rest the heart muscle in endocarditis. It re-

lieves the nervous system of irritation and strengthens the normal functional activity, and especially influences the reproductive organs, relieving pain and muscular soreness and tension, influencing the wrongs of menstruation. It is of great value in the onset of acute fevers and colds with muscular aching, no matter what the cause. To be given in small repeated doses.

Macrotys seems to have the following properties: Possibly a uterine stimulant, a nervine, antiperiodic, analgesic, diuretic, diaphoretic, sedative, emmenagogue, expectorant, antispasmodic.

It is used in urticaria of nervous origin. It was originally proposed by Young in 1831 to be used in cholera in large doses. Hare says it is the best remedy we have excepting arsenic for chorea, especially if there is a tendency to rheumatism; it must be given to physiological effect. Exhibited with iron and laxatives, its efficacy is improved.

It is also of great value in bronchitis, ovarian neuralgia, amenorrhea, subinvolution, and tenderness of the womb, especially where a sudden jar or step causes pain in the pelvic region. It is a splendid uterine stimulant. It is a remedy to use during labor instead of ergot, because it causes normal and not tonic contractions. Also of value for annoying after-pains. In myalgia, lumbago, sciatica and muscular rheumatism it is one of our best remedies. Distressing symptoms of the menopause are relieved by Macrotys in combination with other drugs. Of value to relieve tinnitus aurium with chronic catarrh of middle ear. Headache from overstraining of the eyes, or at the menstrual periods, especially if on top of the head, is benefited by Macrotys. Of value in hysterical conditions at the menstrual epoch, or if due to uterine reflexes; also in suppression of the menses, especially with soreness and uneasy feeling in the pelvis. For the aching across the hips and down the legs accompanying gonorrhea it has proved of great value. Of value as a heart tonic in cases of fatty and irritable heart when digitalis fails, but does not take the place of digitalis. It rests an irritable heart muscle in endocarditis and fatty heart. Used in torticollis, neuralgia, gastralgia, orbital and aural pains. It is an excellent partus preparator if given some weeks previous to confinement, dissipating false pains and strengthening true ones. A splendid remedy for after-pains and allays the nervous excitement following labor. Shoemaker recommends Cimicifuga in the menstrual disorders of young girls at puberty. It is of value in the sudden cessation of the menses from cold or nervous shock.

Sajous claims its most marked effects are probably witnessed in the treatment of acute rheumatism, and according to Ringer, in rheumatoid arthritis. G. W. Bilig, Chicago, reports success with Macrotys in chorea. Thomas Walch, Richmond, Va., claims that a large number of headaches that occur during menstruation and as a complication of pregnancy will be controlled by a few doses of Macrotys in one-half to one minim doses every hour. N. M. Dewees, Cambridge, Ohio, claims it is the first remedy thought of in muscular rheumatism, muscular soreness from bruises, sprains or colds. Also in troubles of the reproductive organs in both male and female, and in the nervous disturbances of the girl coming into womanhood, as well as in

the woman during the menopause. My personal experience with Macrotys coincides with numerous other observers in regard to its use in muscular soreness, and in the beginning of colds and some forms of la grippe, especially if used in conjunction with some form of the salicylates made from the true oil of wintergreen. Also female reproductive organs, at any time of life.

A prescription of Sp. Macrotys ℥i, Sp. Gelsemium m. x, Sp. Black Haw ℥ss, Aqua q. s. ad. ℥iv; Sig. teaspoonful every half hour, will relax the cervix and hasten and lessen the pains of labor.

The official U. S. P. preparations are usually inert. They are: Extractum Cimicifuga, dose 4 gr. 0.250 mg.; Fluid extractum Cimicifuga, dose 15 m, 1.000 c.c.; National Formulary, Tr. Cimicifuga, dose (31) 4.00 c.c. Cimicifuga should always be freshly prepared from the crude drug before drying or bruising. Lloyd's specific or Merrell's normal tincture are thus prepared. The dose of specific or normal tincture is one-half to 4m. or ℥ss to ℥iv of water and ℥i every two to three hours.

SOME RECENT ADVANCES IN PLANT THERAPY BY PARENTERAL ROUTES.

G. Strohbach, M.D., Cincinnati, O.

That plant substances have therapeutic properties has been recognized for thousands of years. Their therapeutic application has been worked out along purely empiric lines. The chemical studies made of them in the past had been limited to determining the amount present of starches, pectins, and other so-called inert substances on the one hand, and on the other hand the alkaloids, glucosides, resins, oleoresins and other so-called active principles. The pharmacologic studies have been purely of a physical character—their effect as excitants and depressants on various organs such as heart, kidneys, liver, intestines, stomach, lungs, etc. This concept of the effect of plant drugs has omitted what is now being recognized as the most essential parts of the plant.

Plants are built up by ferment action and the energy of the sun's rays. Chlorophyll is the most important of these ferments, but in addition chromoplasts, lipoids and vitamines are vitally important. In addition, many plants have ferments that, so far as we know, have no especial effect in the plant economy. Among these ferments are rennet, pepsin, trypsin and others. Chlorophyll acts upon all the simpler elements in bringing about a growth by synthesis. It splits up the carbon dioxide of the air into one atom of carbon and two of oxygen, while the sap carries from the earth water, metals and metalloids. In addition, nitrogen, hydrogen and other gaseous elements are taken in. Through the energizing properties of the sun's rays and the action of ferments these elements are built up into all the diversified forms of plant life.

It is stored-up energy in the plant which is now coming to be recognized

as the great factor in the therapeutic results produced by drug plants. This field is just opening up, and a beginning has been made by combining certain non-toxic plants by a special process in the treatment of what have hitherto been considered incurable or more or less intractable diseases. Cancer, rheumatoid arthritis, tuberculosis, psoriasis, chronic eczema, hay fever, pernicious anemia and the various forms of goitre have responded to parenteral injection of plant proteids in varying combinations for the condition to be treated.

It is essential in the reproduction of these non-specific proteids that only non-toxic or non-poisonous plants be employed. If the poisonous plants or the poisonous group in the intramolecular chain of molecules of innocuous plants were to be injected, it would lay a heavy burden on the economy in addition to that already produced by the disease from which the patient suffers.

As stated above, there are present in all plants ferments, the chief of which are chlorophyll, chromoplasts, vitamines and lipoids. These act biologically in splitting all foreign proteins of high molecular weight in the human economy. All invading micro-organisms have such a high molecular weight and are, therefore, subject to attack by these ferments. In addition there are present in all plants vegetable acids, metalloids and metals, in colloid state. Among the light metals are hydrogen, carbon, manganese, oxygen, sulphur, phosphorus and chlorine. The heavy metals are iron, potassium, sodium, magnesium and copper.

Professor J. U. Lloyd has well pointed out at previous meetings of this Association the many new principles involved in colloids. You can, therefore, readily understand when I tell you that these metals and metalloids which are present in colloid state have peculiar activities. Reference here is made particularly to these substances in the dispersoid state. This state may well be illustrated by the following example:

Place in a glass container two threads of platinum wire. Conduct through this water electric current and the platinum wire will disappear. This water containing the platinum does not increase in specific gravity, tension, nor is the freezing point lowered. This water has the same properties after as before it is run through a Berkefeld filter. The platinum has been divided into extremely fine particles, and in this state has a tremendous amount of electronic energy. In this state the platinum acts essentially as a catalytic ferment, i.e., it has the property of cleaving or splitting high proteid molecules just as have the organic ferments, such as pepsin, pancreatin and erepsin. However, there is this difference: The platinum in this state, after performing a certain amount of work, loses this electronic energy and gradually returns to its more stable and condensed form. It was thought at first that this property of platinum in the colloid state was due to the fact that this metal is in the radioactive group, such as is uranium, cadmium and thallium. But further experimentation determined that the same properties are obtained under similar conditions with copper, iron, manganese and other

heavy metals. These metals and metalloids in colloidal state, therefore, act essentially as do the organized ferments.

This splitting process may be a simple oxidizing or hydrolysing process. Oxidizing may be explained by the action which takes place in albumin which is exposed to the sun's rays in ordinary summer temperature. The albumin is gradually disintegrated or decomposed, this process going on rapidly for a while, then slowing up and again becoming rapid. The same phenomenon can be observed in the dark, provided actinic rays be applied to the albumin. It was found further that the entire process can be increased in rapidity, whether exposed to the sun's rays or the actinic rays or not, by the constant addition H_2O_2. It is the H_2O_2 which brings about the cleaving of albumin by presenting oxygen in the nascent form. Without the constant addition of H_2O_2 artificially the cleaving or oxidizing process under the sun's or actinic rays is rapid or slow as nascent oxygen is available.

This is a simple statement as to what takes place in oxidation of protein substances. The albumin is split by steps into albumoses, deutro-albumoses, peptones, amino acids and volatile acids and further stages, until the end products of water, carbon dioxide, nitrogen and ash are reached.

Hydrolyzation is a process very similar, except that there is utilized in the process instead of the atom of oxygen, cleavage by H_2O itself. The process of cleavage that is most common in the living organism is by proteolyzation, which consists in action and reaction, or rather interaction, of ferments and antiferments. If a ferment were to act in the living organism to its end production, it would destroy not only the foreign albumin that may be present, but the host itself. As an instance may be taken the action of pepsin, pancreatin or trypsin in the digestion of meats consumed. The question has been fairly raised that if these ferments acting in the proper environment digest meat albumins, why do they not digest the stomach and intestinal walls themselves? The question was thought at first to be answered by the fact that the meat albumins being dead were less resistant, and therefore were digested and the process stopped automatically. It is now known that the blood of all animals contains the antiferment to these proteolyzing ferments. These antiferments are always present in the blood, but are in greater quantity during the active process of digestion.

It is obvious, therefore, that there are present in plants biochemic and biologic principles that act specifically in various diseases. It may be accepted that all food plants of the present day were at one time poisonous or toxic plants to man. Thousands of lives were sacrificed in acquiring a natural immunity for them. There are human races today which can not tolerate the food plants which other races devour with impunity. As example may be taken onions, garlic, many kinds of berries, tomatoes and sea foods.

In passing it may be stated that the present tendency in teaching circles of the dominant school of medicine is to use toxic plants only as therapeutic agents. For a drug to be accepted at the present time it must have a mean lethal dose to the guinea pig or rabbit. This may be in a measure justified

if drugs are to be given entirely by the mouth or if results are to be obtained only by rapid massive action. It is true that practically all of the organized ferments mentioned above are inactivated or cease to act when in the presence of alcohol. But when the alcohol is withdrawn, as it necessarily must be in the economy upon swallowing, these ferments again become activated and carry on their function.

The best results are obtained by using non-toxic plants in the production of preparations to be used by the parenteral route. They can be injected into muscles or into veins direct. When introduced in this manner they are not subjected to the destructive action of the ferments of the alimentary canal. While it is true that pepsin, trypsin and other organic ferments are present in muscle and other tissue, they do not have the same properties as in the stomach or intestine owing to the absence of activating substances.

When the specific animal serums and vaccines were first introduced as curative agents, hopes ran high that we finally had obtained a successful method of combating the diseases due to infection by micro-organisms But while many recoveries were reported, dismal failures occurred more often. Koch, in announcing tuberculin therapy over thirty-five years ago gave a great practical impetus to the use of specific curative serums. Wright with his opsonic index work, and Ehrlich with his fruitful antigen-antibody conception, lent great weight in further intensive study of the then newer therapy. As is often the case in adopting new methods, the majority of the medical profession soon neglected further study of other therapeutic means. The more enthusiastic soon became intolerant of other than specific animal serums and vaccines. As more causative bacterial organisms were discovered and isolated, the number of these preparations rapidly multiplied. Stock and autogenous products were the approved method of treatment.

Matthes as early as 1895 demonstrated that tuberculin therapy was not specific, but its effects could be duplicated by the parenteral use of deutero-albumose. Von Wagner (1915) and Blach (1915) observed identical results in the use of colon vaccines as from typhoid vaccines in typhoid fever; Ichikawa (1914) successfully used typhoid vaccine in paratyphoid patients, while Ludke (1915) used a nonbacterial protein-split product—a deutero-albumose—with good results in typhoid fever.

Apart from the action of the animal vaccines and the effect of both homologous and heterologous animal serum, observations are recorded of the effect of normal horse serum, egg albumin (Vaughn), milk injected intramuscularly (Schmidt), salt solution (Mitlander), dextrose solution, colloidal metals, distilled water and ferments.

Jobling and Petersen (*Jour. A. M. A.*, June 3, 1916) held that in the ultimate analysis we must turn to ferments for the attack on the invading organism, because it is more than probable that the actual surface of the bacterium consists largely of lipoids, or intimate lipoprotein conbinations, for the destruction of which fat-splitting ferments are essential. This is especially true in tuberculosis and leprosy.

Miller and Lusk (*ibid.*) employed proteose in the successful treatment

of typhoid fever. They also had remarkable results in the use of proteose and typhoid vaccine in acute, subacute and chronic arthridites.

It is now being generally conceded that all therapeutic results obtained with serums and vaccines are not specific in character, but are due to non-specific foreign animal proteins present. The specific micro-organisms, as well as their toxins or antitoxins, no doubt have a minor modifying influence. The main objection to these animal proteids of whatever character is the danger of anaphylaxis.

Horovitz early recognized the non-specificity of animal serums, and the possibility of anaphylaxis causing more or less serious damage. He began the study of plant proteids to be employed parenterally. He soon realized that the less toxic or poisonous the plants were to man, the more effective they were in therapy. The toxic principles must always be counteracted by the defensive powers of the body, and to that extent but add to the difficulties of the patient. He soon perceived that a simple chemical reaction was not the proper means of obtaining results.

He took, however, of the biologic and biochemic principles outlined above and evolved an entirely new and radical departure in the treatment of disease. By the use of these plant substances disease is controlled entirely through the blood stream. Spleen pulp and bone marrow are stimulated to greater production of red blood cells and hemoglobin, and the lymphatic system to the production of greater numbers of white cells. This greatly increased hemogenesis results in overcoming the secondary anemia usually present in chronic diseases and at the same time makes it possible to eliminate the waste products that are partly proteolyzed in the tissue. By increasing the elimination of waste products, cell metabolism tends to resume the normal, and appetite, digestion and assimiliation are improved. In addition these substances attack directly the invading micro-organisms, splitting or cleaving them, thereby leaving them no longer active in the production of disease symptoms. This cleavage is done by the chlorophyll or vitamines acting biologically, while the metals or metalloids in colloid form act biochemically.

As micro-organisms are destroyed the rapid destruction of blood or hemolysis ceases. With the less rapid destruction of blood and the more rapid production of all of the defensive powers, the economy is soon brought to a high point. The phagocytes also aid in partly digesting the invading organisms, which are then thrown free into the blood stream and are taken up by the red blood cells in the final cleaving or proteolyzing process. They are then eliminated with the destroyed red cells through the liver and intestinal tract. Not only are the invading organisms destroyed, but their toxins and the partially metabolized food substances are completely catalyzed.

It is obvious that if a patient be too old or has had prolonged disease in which all reserve power in the spleen pulp, bone marrow and lymph system has been exhausted, recovery will not be possible. Only when these non-specific proteids of plant origin can call on the reserve vital powers is recovery possible.

DISCUSSION.

A MEMBER: Is there any danger from anaphylaxis?

A MEMBER: Have the animal vaccines proven curable in hog cholera, as a rule?

DR. G. STROHBACH: All of these preparations are combinations of simple herbs and drugs. For instance, we use ordinary grass—and rhubarb. There are possibly twelve ingredients in the remedy itself. The process is a distinctive one, something entirely new. I represent the house of William S. Merrell and Company.

As to the question of anaphylaxis, there is a question of what you understand by anaphylaxis. You do get a reaction, say in rheumatism, if you give a very large dose, or if you give the first injection when the pateint is in the acute stage, because you are breaking down too rapidly for the blood to take care of the waste material. But there are no anaphylactic reactions excepting toxic ones. The average dose of one of these preparations is fifteen minims. One patient we had, with cancer of the brain, we gave two hundred minims daily for three months without any reaction at all. In the beginning we used this on guinea pigs, and you can give them three or four times as much as you can give to a human being without any reaction.

As to the question as to whether the hog cholera serum cures hog cholera—it does not. It is never curable. The deaths after using the hog cholera serum are about 95 per cent., and the cases that do not die are of no value practically after having the injection. But they do not give the serum to cure, because the cases that take sick die; they are more concerned in the prophylactic use of the serum. They take them immediately after they are weaned, say when they are about four weeks old, and inject these pigs with a combined treatment—simultaneous treatment. They give such a pig ½ c.c. of virus and then about 10 c.c. of serum. This treatment will produce an immunity for life in that animal, because the life of a pig is not more than a year at most, with the exception of show animals. The serums have never cured hog cholera, although they are urged for that purpose by the Federal Department of Animal Industry.

HISTORY OF BACTERIAL VACCINES.

J. L. PAYNE, M.D., CINCINNATI, OHIO.

The study, the labor and the experience of one generation opens the way for progress in the next, and without the many advantages derived from this study and experience and untiring efforts little progress would be made. The greatest honor we men bestow upon those who have lived and labored before us is to improve on their methods.

Possibly there are very few branches in medicine where this statement applies more aptly than to bacterial vaccines. Its history dates back to the ancients, though not specifically stated or known as such.

Pliny suggested that probably the reason for the natural immunity of the Psylli against snake poison was owing to their habit of drinking water from wells in which poisonous snakes dwelt. "A Mozambique tribe is said to inoculate against snake poison by rubbing into small cutaneous incisions a paste which contains venom." Habituation to poisonous drugs was recognized at a very early period. Mithridates, by taking gradually increasing

doses of poisons, established in himself resistence of this sort. It is stated also that he fed ducks with poison and then proposed to use their blood as an antidote. Antidoting diseases was very important to the ancients, which may be appreciated from the fact that the epidemics—cholera, smallpox, etc.—were considered as due to some unknown poison.

After the discovery and use of the microscope (1646), and the etiological cause of disease known, marked progress was made. The history of different men and means used would be too long, but proves the force of improvement upon the methods and means used by one generation for progress in the next.

Our vaccine therapy has its starting point mainly from Wright's theory of opsonins and opsonic index, using this principle for the production and use of vaccines. How far this will lead us toward the desideratum is yet unknown. Possibly this in conjunction with the tried and proven specific medication (plant therapy) and the newer chemotherapy, will open new fields for application of each in its known sphere, with marked benefit to mankind of succeeding generations.

My personal use of the vaccines has not been extensive. Three recent cases may be interesting.

E. S., school girl, age 9, developed a virulent case of whooping-cough, hemorrhagic (nose-bleed and hemorrhage in the conjunctiva); impossible to sleep more than an hour between paroxysms. I gave 4 min., the next day (twenty-four hours) 6 min., and thirty-six hours later 8 min., and continued 8 min. after that at forty-eight hour intervals for six doses. No reaction from any of the injections, and after the third dose marked improvement; by the time the sixth dose was given the cough was practically gone.

Mrs. M. I., age 26, miscarried; part of the placenta retained, which was removed under anesthesia and the uterus cleaned. On third day had a chill and temperature 103, pulse 120; attributed this to secretion of milk. Gave no medicine. Next day condition considerably worse, aching all over, and a general malaise; lochial discharge creamy in character and offensive. Gave 8 min. mixed injection. Twenty-four hours later, temperature 102, pulse 100; aching same and malaise; lochia about the same character. Gave 12 min., and in three hours had a very severe reaction—chill, temperature 104½, pulse, as near as I could count, 140; delirious. This lasted about three hours. Patient had very profuse perspiration, temperature dropped to normal, and recovery was uneventful and rapid.

H. H., age 28; angina in throat, started as ordinary tonsillitis. I used every means of treatment and drugs indicated. On the third day patient decidedly miserable, aching, malaise, and unable to swallow anything. Gave 10 min. antistreptococcic (mixed injection) serum; twenty-four hours later patient some better. Gave 12 min. and continued giving 12 min. every forty-eight hours for two doses more. The improvement was prompt after first dose and he continued to get well. Each dose in this case produced a local reaction, with considerable urticaria.

VACCINE THERAPEUTICS.

A. W. Lescohier, M.D., Detroit, Mich.

Adequate conception of what may be accomplished from the use of vaccines and a recognition of the limitations of this group of products presupposes an understanding of the principles upon which such immunization is based.

It is not my purpose to indulge in a wearisome review of the subject of immunity. There are, however, certain phases involved in the reaction of the body tissues to antigenic treatment, an understanding of which appears essential to a proper perspective of what may reasonably be anticipated from the use of vaccines.

Clinical experience of recent years has proved that the results from immunizing treatment are not entirely attributable to the specific relationship between the antigen injected and the disease treated. A number of infectious conditions—including typhoid fever and certain types of arthritis—have been successfully treated, not only with the vaccines representing organisms unrelated to the infectious process, but with proteins of other than bacterial origin. Various albumoses and proteoses, and even milk, have been thus employed.

The injection of such proteins, especially when made intravenously, is followed by a thermal reaction and by certain other phenomena including leucocytosis. Such manifestations had previously been noted in connection with intravenous injections of bacterial proteins and were attributed to specific factors. In the light of our present knowledge this classical symptom-complex following the intravenous injections of immunizing agents can not be regarded as entirely of specific origin. Furthermore, any impartial student of immunology must recognize that the non-specific protein reaction is a factor in the therapeutic results of active immunizing treatment, although its importance is secondary to the specific anti-body production elicited by the administration of such antigens.

The reaction of the body tissues to vaccine treatment may be considered as involving three phases. The first of these is the non-specific protein stimulation to which reference has already been made. This is common to all protein injections.

The second factor is that of protein cleavage or bacterial cell-digestion, a breaking up in the tissues of the injected micro-organisms. The introduction into the animal body of any foreign protein results in the formation in the tissues of specific "ferments" or "lysins," having for their function the splitting up of that particular type of bacterial protein, and no other. In other words, if egg albumin be injected, the production of ferments specific for the cleavage of this type of protein is brought about by the body cells. If, on the other hand, typhoid bacilli be the injected material, lysins specific for this organism are produced. There is correlated with the production of these lysins, in most cases, the elaboration of other anti-bodies, such as agglutinins

and complement binding substances. The formation of these anti-bodies is to be regarded for the most part as a phenomenon related to cell digestion, although their elaboration is also stimulated to a certain extent by the injection of disintegrated bacteria (endotoxins).

The phase of the immunizing reaction which is probably the most important in the treatment of acute infections is the reaction of the body cells to the end products of bacterial cell digestion; the response to those substances released by the splitting up of the bacteria in the tissues. Correlated with this phase of the immunizing reaction is the production of opsonins.

This conception of the immunizing response of the tissues of antigenic treatment explains why bacterial vaccines have found their chief usefulness either in prophylaxis or the treatment of chronic and subacute diseases; also, why autolysates or bacterial split products have been more successful in dealing with acute fulminating infectious processes. In utilizing bacterial vaccines as prophylactic agents we are endeavoring to build up a comprehensive type of immunity, to equip the tissues with the specific resisting agencies against the particular type of infection involved. The individual who has been immunized with typhoid vaccine has in his body those anti-bacterial substances whose function it is to destroy the typhoid bacillus. In the treatment of chronic and sub-acute conditions, and in protracted infectious diseases, such as whooping-cough, the same condition for the most part exists, with the exception that instead of providing against a future foe the body cells are stimulated to mobilize their anti-bacterial activity against one already on the field. On the other hand, in acute infectious processes like pneumonia, the contest between the bacterial vaccine and the pathologic process is too unequal. The force of the attack is so tremendous that the slow mobilization of defensive elements through vaccine administration can be of only limited assistance. The battle is won or lost by the natural resisting forces of the patient before the results of vaccine immunization can exert any profound influence.

It has been previously stated that the therapeutic application of bacterial vaccines finds its chief field of usefulness in chronic and subacute types of infection. Skin diseases, the less acute infections of the respiratory and genito-urinary tracts, and the more protracted infectious diseases, are amenable to vaccine therapeutics. The skin diseases in which vaccines have proved especially useful are furunculosis, sycosis and acne.

Perhaps in no other conditions have better results been obtained than in furunculosis. Disturbed carbohydrate metabolism is, however, an important factor to be considered in these cases. The possibility of diabetes should always be borne in mind, and routine examination of the urine carried out. Aside from diabetes, there is no question but that most cases of furunculosis do better on a restricted carbohydrate diet.

The vaccine treatment of acne is of value only if conducted with persistence. No permanent results are to be anticipated from a few weeks' treatment, although there may be a temporary disappearance of the lesions. Enduring results can be obtained only by immunization extending over a

period of months. Furthermore, in many cases of acne of long standing there are malformations of the skin ducts. Vaccine treatment can not correct these anatomical defects, and all that we can reasonably expect under such conditions is a decrease in the inflammation and pustular characteristics of the lesions.

Reports in the literature of successful applications of vaccines in psoriasis have stimulated considerable interest, but are to be accepted with reservation. There is no specific basis for such treatment, and similar results have been obtained from the use of other protein material, especially when such treatment was combined with the local application of chrysarobin. The results are presumably to be attributed to the protein reaction and not to any specific action of the vaccine.

The value of vaccine treatment in secondary gonorrheal conditions, such as infections of the adnexa and gonorrheal rheumatism, and the uselessness of vaccine therapy in acute urethritis, have been definitely established.

Vaccine therapy has been employed quite extensively and on the whole with favorable results in respiratory infections, including such conditions as acute "colds," recurring infections of the upper respiratory tract and bronchi and the secondary invasions of asthma and hay fever.

The early use of a mixed vaccine in acute "colds" is undoubtedly of considerable value in increasing resistance and will often abort a "cold." No immediate effects can be anticipated from the use of vaccines after the respiratory passages have become badly congested, although such treatment is probably of some value in shortening the duration of the infection.

The persistent use of vaccines in individuals subject to repeated "colds" is often attended with very satisfactory results. It must be remembered, however, that definite effects can be anticipated only when the susceptibility in such conditions is due to low resistance. Patients harboring infective foci, such as diseased tonsils and alveolar pus pockets, can not be expected to respond to vaccine treatment until these foci are removed.

Vaccine treatment can not be expected to cure asthma or hay fever, but may be of considerable value in these diseases.

The value of vaccines in asthma is presumably dependent upon two factors: First, the stimulating effects of the protein content, and, second, the relief of bacterial irritation in the bronchi. Undoubtedly the irritation of the bacterial invaders is a frequent cause of asthmatic paroxysms.

In hay fever bacterial infection is a secondary factor, but one which may contribute very heavily to the distressing symptoms of the disease. Immunization directed against the relief of this infectious element is often of considerable value, but should be combined when possible with the use of the specific pollen concerned.

During the last few years considerable use has been made of vaccine therapy in ozena, and the results on the whole appear to have been distinctly favorable. The same is true of vaccine treatment in otitis media.

Variable reports have been made concerning the results obtained from

the use of vaccines in such acute infections as whooping-cough, scarlet fever, erysipelas, typhoid, pneumonia and puerperal sepsis.

There is no question, in the writer's judgment, as to the value of pertussis vaccines when used in sufficient dosage in the treatment of whooping-cough. The duration of the disease is usually shortened, there is less tendency to paroxysms and vomiting, also fewer complications.

There seems reason to believe also that in erysipelas, scarlet fever and typhoid, vaccines are of some value. The value of vaccines in pneumonia and seevre types of puerperal sepsis is negligible, as their action is too slow to cope with the violence of the pathologic process. The hope of successful immunization in such cases, and the best results in the treatment of such conditions as erysipelas and typhoid lies in the utilization of autolysates or bacterial split products. Serum treatment is useful in pneumonia due to a certain type of pneumococcus, the so-called Type I.

It is desired to refer briefly in conclusion to the frequently raised question of the respective values of autogeneous and stock vaccines.

Turning over the leaves of medical publications, we not infrequently see the title "Autogenous Versus Stock Vaccine," as though these were diametrically opposed and irreconcilable lines of medication. There is nothing about autogenous and stock vaccines which should bring them in conflict, nor would this spirit of controversy arise so frequently if the discussions were not often tinctured with personal interests. Both lines of treatments are of value and each has its definite indications.

Theoretically, autogenous vaccines are ideal, and there is no question but that in their practical application brilliant results are often accomplished. There are, however, certain disadvantages which militate against the universal use of autogenous preparations.

In the first place, technical difficulties exist. An autogenous vaccine, to be of the greatest efficiency, must be made by a well-trained bacteriologist with ample facilites for carrying out the necessary work. Such conditions do not universally prevail. The sending of the specimen by the clinician to a considerable distance is not always practical, because the physician may not understand how the culture should be taken or the proper media to employ, and, because many of the more delicate pathogenic bacteria, such as the gonococcus, will not survive more than twenty-four hours on recent isolation, and are killed by vicissitudes in temperature in a much shorter period of time. Again, such organisms as the acne bacillus can be isolated only by a laboratory man with unusual experience, and then often after weeks or even months of cultural work.

The question as to whether an autogenous vaccine is prepared with a view of affording the highest immunizing value or thrown together with the least expenditure of time, expense or effort, depends, of course, upon the honesty and competency of the laboratory undertaking its preparation. Not infrequently in their preparation no attempt is made to isolate the various bacteria contained, the growth being taken from the original culture, killed and standardized. It is a fact generally recognized in bacteriologic work

that non-pathogenic bacteria commonly grow luxuriantly under artificial conditions, whereas the more virulent disease-producing bacteria grow reluctantly under the same circumstances; consequently it is obvious that a vaccine prepared as just described would in many cases represent a preponderance of contaminating nonessential bacteria and a few or none of the organisms actually concerned in the infection. Aside entirely from these technical questions, it must be recognized that autogenous strains of bacteria do not always constitute good antigens. There often exists in chronic types of infection a condition of "symbiosis," or mutual tolerance, between the invading bacteria and the immunizing forces of the patient. The use of autogenous strains under such conditions may be quite valueless. This has been demonstrated both by laboratory work on the animals and clinical observation of the opsonic index in chronic infections. The use, in such patients, of polyvalent stock vaccines, representing strains selected for their high antigenic value, constitutes a much more promising therapeutic measure.

The conditions in which autogenous vaccines would be of the greatest efficiency are the acute infections, since here we are dealing with active strains of bacteria. Unfortunately, however, in most of these the time element renders their use impracticable, since the physician can not wait for from three days to a week to have a vaccine prepared.

Finally, vaccine therapy is by no means to be regarded as a panacea, but, intelligently applied, constitutes a valuable adjunct to the other measures available for dealing with various types of infection.

DISCUSSION.

Dr. Richard J. Lambert: Which do you prefer in acute diseases—autogenous or stock vaccine?

Dr. Lescohier: I would prefer the autogenous if it were practical; but the fact is that we can not use them in acute infections because the time limit is against us. The only class of acute infection where they are practical is middle-ear infection. I have used them there with happy results, but usually we can not wait for the autogenous vaccines.

Dr. Allen G. Rowe (Buffalo, N. Y.): Do you confine yourselves exclusively to vaccine treatment in infectious diseases, or do you use other remedies?

Dr. Lescohier: In some of them we have—for instance, in catarrhal infections. We combine vaccine with local measures and drugs. But in some others we have used vaccine only, say in furunculosis. There we have depended exclusively on vaccine. Just recently our attention was directed to the use of a French preparation of oxide of tin. Whether it is anything more than oxide of tin I do not know, but that is what they represent it to be. This we have used in quite a number of cases of furunculosis for vaccine treatment, with astonishing results. We are just taking it up from an experimental point of view. But generally in the treatment of streptococci infection we have depended on vaccine alone, but in catarrhal or gonorrheal infections we have combined vaccines with drugs.

Dr. Allen Rowe (Buffalo, N. Y.): This paper is exceedingly instructive, and it has impressed me more than any other paper I have heard in one particular way, and that is, in regard to the uncertainty of the vaccine treatment. Immunization—what does it mean? That means to put the system supposedly in condition in which it is better prepared to resist disease. We

do not always know where the disease is lurking or when it is going to appear. When you put into the system a preparation, whether it be a vaccine, but particularly a vaccine, it gives physiological effect, and the vaccines are supposed to be more permanent than the physiological effects of medicine. Consequently the question is not clear in my mind whether introducing a product into the human system that is not diseased, that may not be threatened by some disease, is desirable. I would like to have this made clear: Will placing this immunizing remedy in a healthy human body protect it from some disease that we have not controlled, or will it not injure the human body? Vaccination, I think, prevents smallpox—it is conceded that it prevents smallpox—but will it do anything else? These questions have never been made clear to all the profession; they are not clear to me. Is there any vaccine that would render an individual immune to syphilis? Is there any vaccine that would render him immune to gonorrhea, or to diphtheria, or any of the other contagious diseases?

Dr. A. W. Lescohier: Replying to the doctor, I do not see how any one could question the efficacy of smallpox vaccination and the control of smallpox. I think the trouble is, that in this generation we have lost that wholesome respect for smallpox that existed in pre-vaccination days. In the days preceding the work of Jenner everybody had smallpox some time in their life, and practically the whole population of Europe consisted of pock-marked people. When you think of those days, and then of the conditions as they exist now, when smallpox is an entirely curable disease, I do not see how you could doubt that smallpox vaccination is one of the greatest boons that humanity has ever received from medicine. The same thing is true to a lesser extent in typhoid fever. Typhoid fever killed eight times as many of our boys during the Spanish-American war as died from casualties. Typhoid has always been the bane of military organizations. The introduction of typhoid vaccine by Wright, and its use in the various departments of the Army, practically eliminated typhoid. The only typhoid in this war was among the Serbians and Russians, where typhoid vaccination was not carried out.

When it comes to other diseases, we can not claim very much for prophylaxis of vaccines in humans. Vaccines have been used in pertussis, in pneumonia and in meningitis with only a limited degree of success. It is hard to tell in whooping-cough how much use the vaccine is, because you can not tell whether the patient would develop a pertussis anyway. Certainly a good many children who receive a prophylactic treatment do develop whooping-cough in spite of it. Personally I believe that the use of pertussis vaccine is a problem that is as yet untried. The evidence is that there is some immunity for a short time.

As to the vaccines in other diseases, there have been some vaccines for gonorrhea and syphilis; that is, some experiments have been carried out, and as soon as there is anything definite they will be made available.

MELENA NEONATORUM.

J. E. G. Waddington, M.D., C.M., Detroit, Mich.

In many text-books melena neonatorum is defined as and treated under the restricted term of "gastro-intestinal hemorrhage" in the new born, without necessarily any clinical evidence of hemorrhage elsewhere. Dorland's dictionary defines melena as "The passage of dark, pitchy and grumous stools stained with blood-pigments or with altered blood." Melena neona-

torum is defined as "Melena of the new born, due to the extravasation of blood into the alimentary canal." Consequently melena neonatorum really should be considered as one of the symptoms peculiar to the hemorrhagic diathesis in the new born, and not as a disease *per se*. To throw some light upon this subject I will briefly review, as abstracted from some of the authorities on pediatrics, the different symptoms and diseases that can be broadly embraced under the term of "hemorrhage in the new born."

Von Hecker and Buhl in 1861 described the disease now known as Buhl's disease, in which "the affected infants are mostly born asphyxiated and autopsy discloses multiple minute or larger hemorrhages." Concluding their description, they write: "It is hardly necessary to state that one here has to do with a disturbance of metabolism manifested over the whole body, in which the changes in single organs are only a partial expression of the whole disease. This disturbance is evidently inborn, acquired in the last days before birth." Icterus with hematemesis and melanotic dejections constitute a pathognomonic trinity in Buhl's disease. Hemorrhage from the umbilicus is also considered a feature of said disease.

In 1879 Winckel's disease was described and differentiated from Buhl's, chiefly because "epidemic in character and the hemorrhages were more and the fatty changes less prominent." Recent times consider Buhl's disease "any condition affecting the new born that produces a severe icterus and fatty infiltration without evidence of infection, whereas any similar condition of which the chief features are icterus and hemoglobinuria is considered as Winckel's disease." Whereas Winckel's disease is extremely rare and extremely fatal, Buhl's disease, though rare, is not extremely so and is often amenable to certain treatment. Heredity is not considered a factor.

Hemorrhage, cyanosis, edema, icterus, etc., have frequently been found associated with congenital syphilis, and on the other hand, these symptoms have been found just as frequently unassociated with any evidence of syphilis. Certain affections of the mother, apparently impossible to trace etiologically, such as acute yellow atrophy, eclampsia and certain septicemic conditions, are considered as being possibly responsible for some of the conditions seen in hemorrhage of the new born.

Evarts Graham has produced experimentally the essential features of these hemorrhagic conditions by administering chloroform to asphxia. Strong evidence has been found in favor of the bacterial etiology of some of these hemorrhages, but not strong enough to prove such etiology for all.

Since 1829, when Cruveilhier found ulcers in the stomach of an infant who presented evidences of a true gastro-intestinal hemorrhage, many others have recorded their presence, with the result that a gastric or intestinal ulceration is usually considered to be the source of the hemorrhage in these conditions. Gastro-intestinal hemorrhages may be complicated by hemorrhage from other sources, and also by other symptoms, such as icterus, edema and other features peculiar to one or other of the varieties of hemorrhage in the new born already referred to. Some cases of gastro-intestinal hemorrhage have neither icterus nor any other appreciable concomitant symp-

toms, as in the case to be reported. One naturally would take care to differentiate melena spuria from a true melena, the former arising from the swallowing of blood occasioned through the nursing of a cracked and bleeding nipple.

The treatment of hemorrhage in the new born, with its varied complicating symptoms and its disputative etiology, has embraced the administration internally, and, where possible, externally, of every known styptic—calcium, gelatin, adrenalin, stypticin, tannates, etc. Some cases recovered but the majority died, just as some cases of diphtheria recovered though the majority died, prior to the introduction of antitoxin. In 1909, Dr. S. W. Lambert, of New York City, saved a case which was almost hopeless by a direct transfusion of blood from father to child. In 1910, J. E. Welsh, of this country, introduced blood serum as a remedy with brilliant success. Whatever may be the argumentative theories as to the cause of persistent hemorrhage, whether in new born or adult, it is generally conceded that the most important cause is diminished or retarded coagulation of the blood, due to more or less lack of "fibrin ferment," and it is this crucially important fibrin ferment that blood serum supplies.

The May, 1917, *British Medical Journal* reports a case of hematemesis and melena neonatorum, mother a primipara, continual vomiting early in puerperium, during latter part developed albuminuria. Was delivered with forceps under chloroform anesthesia.

Bethel Solomons, gynecologist to Mercer's Hospital, Dublin, reports in the January, 1917, *British Medical Journal,* a case of hematemesis and melena neonatorum. Mother, a primipara, delivered herself. In this case, as in the one above referred to, serum was successfully used. Dr. Solomons significantly prefaces his report with, "In this very fatal condition."

I will now report a personal case. At 10:00 A.M., Sept. 3, 1917, I was called to confine Mrs. H., age 26 years, primipara. Patient had been treated by her former physician for albuminuria during the latter months of the pregnancy, but had received no treatment during the past two weeks. The patient was having severe false pains, and evening found the same condition of affairs. Was called at 6 A.M. next day, and found slight dilatation with inefficient pains, which latter dragged along all day. At 8:45 P.M. gave pituitrin 1 mil., which only slightly increased the force of the pains, which all along had been quite sharp but very inefficient. At 11 P.M., with the aid of a most efficient graduate nurse, chloroform was administered, and I instrumentally delivered a seven-pound boy, right occipito-anterior position. Fetal head was extremely large; so much so, that its delivery was made with considerable difficulty on account of the disparity between the birth canal and its passenger, the delivery being effected, however, with but slight perineal laceration. Child was born profoundly asphyxiated, and it took twenty minutes of arduous and anxious labor to initiate respiration. There were only slight abrasions over the temporal region, but pressure during delivery had set up a peripheral paralysis of the left facial nerve, also involving the inferior or recurrent laryngeal nerve, as child was unable to make the slightest

cry or sound until about twelve hours later, when the face resumed almost normal conditions and it commenced to cry. All signs of paralysis had passed away in twenty-four hours, except the lagophthalmos, which did not disappear completely until one month later. Child urinated and passed meconium a few hours after birth, both excretions being normal the first two days. September 6th, about sixty hours after delivery, child had a profuse, gushing hemorrhage from the rectum, dark colored, mixed with bright red, which soaked through a thick diaper and into bed clothes. Immediately following the hemorrhage the child became pulseless and waxy in color. It was four hours later before I could obtain a dose of coagulose, a dried blood serum which is prepared for use by simply dissolving in warm water. In the interim, child had had a small, dark colored, not offensive smelling dejection, and was apparently in extremis. I filled a 10 c.c. syringe with 8 c.c. of the dissolved coagulose and injected the full amount into the gluteal tissues. This had a slightly stimulant effect. At 9 that evening, four hours later, child's condition apparently not much different, though pulse was just barely perceptible, and it had passed a few drops of dark colored fluid from the rectum. I repeated the dose of coagulose, and in addtion gave 20 c.c. of saline into convenient tissue areas. This had quite a strengthening influence upon the pulse, and the child began to exhibit some slight evidences of vitality.

September 7th, A.M., no hemorrhage since yesterday. Babe had taken a few drops of water and milk through a medicine dropper. Gave 20 c.c. saline in the breast tissues. Called in afternoon and gave 30 c.c. of saline. Babe had had a couple of sinking spells, though otherwise improving.

September 8th., brighter and pulse stronger. Taking a mixture of Mellin's food, 1 tablespoonful to eight ounces of water, being fed by medicine dropper every two hours. Also taking Bovinine, three to five drops every four hours with alternate feedings. Oil rub daily. Had a sinking spell in the afternoon, and, as nurse graphically expressed it, "nearly went." Babe's bowels had not moved since the melanotic movement, and apparently was suffering from intestinal gas, which presumably was causative of its various sinking spells. The bowels were washed out with a mixture of one-half ounce of spec. geranium to eight ounces of plain water. There was no dejection, only a return of the colored water and expulsion of flatus. From that time the child steadily improved. At birth its head was covered with a densely thick crop of dark hair, which all came off about three weeks later, leaving the head as bare as a billiard ball and having that dark look peculiar to a closely-shaved surface. The hair subsequently re-grew, though not quite so luxuriantly. The case developed marasmus and general edema when three weeks old, due to an excessively diluted diet, its weight then being only six and one-fourth pounds. After two weeks of correct feeding the edema had all vanished and the marasmus was being rapidly overcome. When nine weeks old the child weighed twelve pounds, and when last seen, January 23rd, it then weighed sixteen pounds.

DIABETES MELLITUS—A FEW SIMPLE METHDS OF TREATMENT.

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When speaking of diabetes we sometimes forget or neglect to mention the form or kind which makes for the particular classification or brand of diabetes. Diabetes mellitus, in which the writer is concerned at this writing, is not the only form of diabetes giving rise to such symptoms as excessive flow of urine containing glucose or grape sugar, etc.

Before going further with our subject, it may not be out of place to briefly mention the most important forms or varieties of diabetes: 1. Cerebral diabetes, a form in which brain-sugar, or cerebrose, appears in the urine instead of glucose. 2. Fat diabetes, a variety in which the patient becomes fat. 3. Gouty diabetes, a form associated mainly with a gouty diathesis. 4. Pancreatic diabetes, a form associated with disease of the pancreas. 5. Temporary diabetes, a form which lasts a short time and is usually an epiphenomenon of some other disease. 6. Toxic diabetes, a form due to a poison. 7. Insipidus diabetes, a chronic condition or disease marked by the passage of a large amount of urine, but with no excess of sugar; usually attended by thirst, with a voracious appetite, loss of strength, and emaciation.

Diabetes mellitus is a constitutional disease characterized by the passage of an excessive amount of urine containing an excess of sugar, glycosuria. It is attended by thirst, enormous appetite, emaciation and loss of strength, seriously impairing nutrition.

As to its history, Willis, of England, in 1674 observed that the urine of some of these patients appeared to be sweet, and his conclusions were that it was due to the presence of sugar. Dobson, in 1774, determined beyond a doubt that sugar in excess was present in the blood also. Claude Bernard, in 1848, declared that nearly all of the sugar that was found in the urine was either formed by the liver or stored by that organ. Diabetes is one of the oldest diseases known, being referred to by the Roman Celsus and the Greek Aretaeus, both of whom lived in the first century of the Christian era; also by the early East Indian physicians, as a condition characterized by a copious secretion of urine, extreme thirst, and emaciation.

As to its pathology, a great deal can be said. Puncture of the floor of the fourth ventricle will produce glycosuria, but the cases are rare in which lesions of this region have been found after death. In a large number of cases macroscopic or microscopic lesions are found in the pancreas. It has been shown, however, by Opie and others, that diabetes is absent in pancreatic disease unless the lesions are such as destroy the islands of Langerhans. The kidneys are commonly the seat of hyperemia and catarrhal inflammation. Simple glycosuria occurs when, from some defect in the processes of metabolism, some disturbance of the function of the organs of appropriation, there is an inability to appropriate, for the purposes of nutrition, all of the carbohydrates which are taken as food, and that portion which is not appropriated escapes in the urine as grape sugar.

As to its cause or causes, I might briefly and yet frankly state that our present age of commercialism is largely the cause. It is found in every continent of our little planet called the Earth. While the disease is one of adult life, it occasionally occurs in childhood and in infancy. It is more common in adults after the age of forty, occurring in women usually after the menopause. It occurs more frequently in males than in females, the proportion being about three to one. It occurs also from anything that induces nervous shock, as extreme anxiety, great grief, or prolonged worry or responsibility. Dr. Hare has collected statistics from the United States census reports which would seem to prove that in our own country the disease has very materially increased within the last sixty years. Between the years of 1840 and 1850 he reports 72 deaths from diabetes out of 100,000 deaths from all causes. In the decade from 1890 to 1900 there were 417 deaths—more than six and a half times as many.

In more than 50 per cent. of the adult cases the pancreas is found to be diseased. With this there may be chronic interstitial pancreatitis, or there may be occlusion of the pancreatic duct, or other degeneration of the structure of the organ. Cancer of the pancreas is a common cause. Diseases of the liver seem to be next in order as a causative factor. There is hepatic hypertrophy, and often fatty degeneration. The administration of certain drugs will cause glycosuria. Among these are certain of the bromides, the inhalation of chloroform, and the administration of phlorozin.

Digestive disturbances and faults of eating and drinking undoubtedly exercise a causative influence on diabetes. Drinking intoxicating beverages do their bit to bring about the same condition. Changes in the kidney structures are found in many cases; but these changes are the results of the disease, and not its cause. While the nervous system is involved also, the actual changes which occur are not conspicuous.

The blood is loaded with sugar and contains an increased quantity of fat cells, which sometimes cause an apparent change in the color of the blood. Arteriosclerosis occurs with this disease. Diseases of the eye are not uncommon; albuminuric retinitis occurs in some of the advanced cases. Other forms of retinitis and hemorrhage from capillary rupture occur. There may be also iritis, atrophy and cataract, or there may be ptosis, strabismus, occasionally amaurosis, and the rare case of total blindness.

The diagnosis of diabetes mellitus is comparatively easy. It depends mainly upon the passing of large quaitities of urine of high specific gravity, and usually of a deep amber color, which contains sugar. Loss of strength is noticed. It is confirmed by the intense thirst, inordinate appetite, and sexual impotence. There are a number of good tests for sugar. We have (1) Trommer's test, (2) Fehling's test, (3) Robert's fermentation test, (4) Boettger's test, and others. The presence of acetone in the urine is an evidence of approaching nervous disturbances. It usually occurs in advance of diabetic coma. Gerhardt's test will determine the presence of acetone.

Among the prominent sysmptoms, thirst and polyuria may be mentioned. We may notice dryness of the fauces, dryness and hardness of the skin, and

sometimes itching. A voracious appetite is usually present. Loss of weight and weakness is noticeable. Boils and carbuncles in the skin are also of frequent occurrence, favored by malnutrition. Gangrene is sometimes present. Eczema, with itching and burning of the labia and vicinity, is a frequent and troublesome symptom. The early loss of sexual desire is characteristic. Digestive disorders accompanied by constipation is evident. The tongue is broad, thick, often filling the mouth, and presents a red, cracked or fissured surface. In arteriosclerosis the pulse will be hard, with increased tension, but slow. Sometimes the hair becomes harsh, dry and brittle, and occasionally falls out readily; sometimes the nails, either of the feet or the hands, or both, may be lost. In the severe cases other symptoms and complications set in.

The prognosis of this disease varies with the age at which the disease makes its appearance, the time which has been allowed to elapse before treatment is instituted, and the treatment itself. Cures, if any, are accomplished in patients of middle life, where the onset of the disease is discovered at perhaps forty years of age.

The treatment of diabetes mellitus is a very important and delicate matter. A volume can be written on this phase of the subject alone. The treatment may be divided into dietetic, hygienic and medicinal parts. The dietetic part seems to be the most important. No permanent results can be obtained without it. It consists largely in the elimination from the diet of such articles as are readily convertible into glucose, viz., the carbohydrates.

The following is considered a summary of articles of food admissible for diabetics: Fish, fresh and salted, including lobsters, crabs, oysters, clams, etc. Meats of every variety, except liver. Soups, clear bouillon and other soups made without flour. Vegetables, cabbage, cauliflower, Brussels sprouts, broccoli, green string-beans, the green ends of asparagus, spinach, dandelion, mushrooms, tomatoes, lettuce, endive, coldslaw, olives, cucumbers (fresh or pickled), radishes, sorrel, young onions, watercress, tops of turnips and celery, artichokes, gherkins, okra, parsley and other vegetables. Bread and cake made of pure gluten, raw aleuronant, soya, peanut or almond flour, inulin with or without eggs and butter, griddle cakes, pancakes, biscuits, porridges, etc., made of these flours. Eggs, prepared in all possible ways without sugar or ordinary flour; also butter and cheese. Nuts—all except chestnuts, including almonds, walnuts, Brazil nuts, hazel nuts, filberts, pecan nuts, butternuts, cocoanuts. Condiments—salt, vinegar and pepper in moderate quantities. Fruits—cranberries, plums, cherries, gooseberries, red currants, strawberries, acid apples, lemons, oranges sparingly—all without sugar. Jellies—none except those not sweetened with sugar; saccharin may be used instead of sugar. Drinks—coffee, tea and cocoa-nibs, with milk or cream, but without sugar. Also milk, cream, soda water (carbonated), and all mineral waters freely; lemonade without sugar; acid wines, including claret and very dry sherry.

The articles to be especially avoided are: Canteloupes, watermelons, peaches, grapes, and other sweet melons and fruits; potatoes (white and

sweet), rice, beets, carrots, turnips, parsnips, peas and beans, all vegetables containing starch or sugar in any quantity; sweet wines, including sherry, madeira, port and champagne.

In many cases of diabetes there comes a time when it becomes necessary for the welfare of the patient that a rigid diet must be suspended for a time. It is under these circumstances that the "oat cure" of Von Noorden and the "potato cure" of Moore are recommended.

As diabetics usually suffer from hunger, it is well to make the meals rather frequent. In cases in which a strict diet is being enforced, one can replace the bread and potatoes by an extra allowance of milk and eggs and a more liberal use of alcohol. If coma threatens or has set in, it is best to abandon the strict diet and to feed the patient mainly on milk, with a liberal use of alcohol.

The hygienic treatment consists largely in bathing and attention to the skin, together with outdoor muscular exercise and perfect ventilation within doors. He should avoid inhalation of irrespirable gases.

There is reason to believe that the alkaline waters are of service to diabetics. In the absence of the Carlsbad and Vichy waters, I would use the purgative Saratoga waters, especially the Vichy and Geyser. A change of climate is "desirable" with many.

As to the medicinal treatment, much can be said. There are a limited number of medicines, it seems, that exercise more than an inhibitory or curative influence upon this disease and its manifestations. The use of opium, codein or morphin will restrain the loss of sugar, occasionally causing it to entirely disappear for a short period; but the protracted use of these agents will induce the opium habit, which is more serious than the original disorder. The opiates should always be discouraged in this as well as in other diseases. It is over-used and abused anyhow.

Ergotin or the specific medicine, in small doses, will also for a while control the loss of sugar, and will to a corresponding degree restrict the quantity of water passed, without injury to the patient.

The bromide of potassium is sometimes efficient in diabetes accompanying functional nervous disorders due to mental overwork or psychic disturbances. Some speak highly of the virtues of syzygium jambolanum or jambul. The administration of drachm doses of sodium bicarbonate, three times daily, seems to neutralize the acidosis. The use of pancreatic preparations seem to lose encouragement. Although the coal tar derivatives—antipyrin, antifebrin and phenacetin—have been largely used, yet it seems that their continuous use will cause complications. Salicylate of sodium has warm advocates, and in gouty cases it may be useful. Iodide of potassium has produced some striking results in the case of diabetes due to syphilitic lesions of the brain. Chionanthus is a good remedy, having its direct influence upon the liver. Some have used helonias, iris, or lycopus, and have claimed good results.

A number of simple methods of treatment exists for this disease. Some of the recommendations are: An infusion of equal parts of chamomile

flowers and sage, drunk twice a day, in wineglass doses. (2) A preparation composed of two pints of milk to one and one-half drachm of alum; dose, one gill, three times a day. (3) Several cases have been reported in which the quantity of urine was steadily and greatly diminished and the specific gravity correspondingly reduced by restricting the patient to six pints of skimmed milk per day.

The water hoarhound called bugle-weed has been recommended highly. Dose of the tincture, one teaspoonful, four to five times a day.

Another old-time favorite is the use of birdsknot grass, known also as dooryard grass, chickenweed, etc. Botanically it is the polygonum aviculare. This should be taken as the bugleweed.

SCHOOL INSPECTION.

H. E. Vitou, M.D., South Bend, Ind.

School inspection, or, more properly speaking, medical inspection of school children, is one of the most important branches of preventive medicine, and is a subject in which all physicians should be interested. The permanent good which a physician can do for his clientele, as well as the community in which he lives, will be to a large extent reflected in the interest which he takes and work that he does in preventive medicine.

The time has arrived when each must do his part to correct those diseases, ailments and conditions which may in any way retard the growth or development of the next generation of men and women. The life of a nation depends as much on the quality as upon the number of its natural human increase.

Good health and a sound body are not only the greatest assets of the individual, but they are the greatest assets of the State and should be protected by the State and safely guarded by those in more direct charge—the parent, the teacher and the family physician. It is upon the latter that falls the greatest burden, for it is he who so well knows the conditions which exist, and it is he who must show to the school authorities and State government that these conditions can and must be corrected. That diseased tonsils should be treated or removed; that adenoids are a hindrance to the development of the child; that defects of vision should be corrected; that the ears of the child should have proper attention—that when any of these or other defects exist and no effort is made to correct them, that the wealth of the nation is being wasted.

Why employ teachers to instruct pupils who can not learn because of physical defects which might be corrected? Why erect expensive school buildings and then allow them to become houses of contamination?

The common drinking cup, the polluted well, the wrongly-lighted, improperly-heated and poorly-ventilated schoolroom should be things of the past, to be looked upon as relics of our thoughtlessness in the care of our children.

School inspection is necessary to correct these conditions, and will prove a benefit to both pupil and State.

The following summary of the inspection of two district schools located in well developed and prosperous agricultural sections is a fair average of the condition of the pupils which a school inspector will find.

In district number one, twenty pupils were examined. Eighteen had teeth requiring the attention of a dentist; four had diseased tonsils; one had adenoids sufficiently developed so that breathing through the nose was impossible; four were carriers of the diphtheria bacilli.

In district number two the number of pupils examined was twenty-six. One had a well developed goiter; two had badly diseased tonsils; two required an operation for the removal of adenoids; one was a diphtheria carrier. The diphtheria cases were given the proper medical treatment and returned to school free from contagion.

It will be impossible to estimate the number of diphtheria cases prevented by the discovery and treatment of the diphtheria carriers, but such findings are positive proof that medical school inspection with a proper follow-up system will prevent the sacrifice of many young lives.

The practice of medicine in any of its branches is a noble calling, but in school inspection and preventive medicine is presented the greatest opportunity for philanthropic work.

The physician having charge of school inspection should be employed by the city or school authorities, and the remuneration should be sufficient to allow him to make a careful and thorough examination of each child. A card should be carefully filled out, stating all the defects found. The card should then be sent to the parent or guardian, advising them to consult with the family physician regarding the ailments reported. In this way many infirmities may be found and corrected before permanent injuries result therefrom.

It should be one of the duties of the school inspector to instruct the teacher in the symptoms of the common contagious diseases, not that she be enabled to treat the case but that she may excuse the child from school for such time as the physician may deem necessary to prevent the spread of the disease to others.

Not less than 75 per cent. of our school children have decayed teeth; from 25 to 40 per cent. have defective vision; from 15 to 20 per cent. have diseased tonsils; from 10 to 15 per cent. have adenoids; from 5 to 10 per cent. have defective hearing. Besides these there are other disease conditions that will be discovered by an interested, careful, painstaking physician.

The noblest work (and the least appreciated) of the physician, is the prevention of disease, but that such work is wise and humanitarian none can gainsay.

DISCUSSION.

Dr. T. D. Hollingsworth (Akron, O.): At the present we have paid inspectors. The Board of Health has taken it over in Akron, and they take charge of all the schools there, both public and parochial, and have nurses

and physicians. The city, I think, is now divided into four or five sections, and the men are getting about $2,200 a year for the work, and I think that includes the inspection of the schools during the school year. There have been some changes in regard to our health regulations and it is not settled yet, but I think they are doing a great deal of good. The doctors do not go to the schools every day, but the nurses do. When they find conditions that are bad, they are reported either to the physician, or, if necessary, to the home. The children are examined each year and tabulated, the teeth looked after—a certain number of dentists volunteer their services for children not able to have dental work done. The clinic in the children's hospital should take care of children who need operations on nose and throat, and that is practically free. The health board in the last year has taken cultures from throats where there was more than one case of diphtheria in a room. If they find a diphtheria carrier, that child is excluded from the school until the throat is cleared up. While they have not succeeded in keeping contagious diseases out of the schools, they have saved quite a good many more cases we would otherwise have had. We had quite a lot of smallpox in Akron this winter and there was some among the school children. We get it from the South; we have quite a large colored population coming in there, and they brought it with them. You would be surprised at the number of people who have never been vaccinated, but we found that most of these people came from country districts throughout the South.

We also run an open-air school for tubercular children. When we find a child that is poorly nourished, anemic and run down, it is taken to this school and fed at least two meals a day; the rooms are entirely open and the children are given suits made of wool, with a hood and mittens. Some of the children have done very well, and when they get better they go back to the ordinary school rooms.

Dr. H. W. Powers (Amherst, O.): In the cities where there is a well organized health board and systematic inspection of schools with constant supervision, with nurses and all that, the inspection is somewhat modified; but in the country, where the conditions are different, and where most of the work devolves on the local physician, the proposition is quite different. During the school sessions, when there are contagious diseases like measles, mumps, etc., in the community, not more than 5 or 10 per cent. of cases ever call a physician for treatment, and the situation in the school becomes practically a continuous menace. In our community we have had mumps since a year ago last October; the epidemic will cease soon because everyone has had mumps, but the health department of the township has not seen fit to make mumps a quarantine disease, and consequently it has gone through the schools and through the township. In winter time, when there is so much sore throat which is absolutely a mixed infection, in some cases you will find the Klebs-Lloeffler bacilli and in some cases you will not. Some children are carriers of diphtheria germs and have been allowed to go to school without consulting any physician—no physician ever sees them. It is very different from the city, and we must have some systematic way devised whereby rural schools will be supervised.

Dr. William P. Best: The remarks of Doctor Powers bring to mind one fact that I presume all of you have observed, and that is that frequently mild epidemics of diseases, as the doctor has mentioned—mumps, measles or chickenpox—have led a great many people who otherwise know better to become careless, and these reports do not get into the hands of the health officials, and these diseases are largely disseminated through neglect. The experience we have had in Indianapolis the last few months is perhaps not unlike that which the doctor mentions, and probably similar to that in many

other cities. It is not altogether due to the ignorance of the people that these things occur. In some cases we feel like charging it to ignorance, but it is due to a peculiar situation in which people consider it a hardship to be quarantined—a disgrace. There are many people who know better and understand what the laws are concerning epidemics, who say, "Doctor, don't report this case; we do not want to be quarantined—we do not want a card on the house." Of course, the only thing for the doctor to do is to follow his duty, but I say to these people, "These children of yours who have a mild form may inoculate others with a very severe form." Take whooping-cough—it is the hardest on the baby under six months of age. The older children get along all right, but the baby develops bronchial infection and dies. Why did the baby get the disease? Because of the neglect of the family, or because of the neglect of the neighbors who had this disease in the family and communicated it to this family. That is absolutely wrong; it is contrary to the principles of liberty and the laws of our country; it is a moral wrong as well as a legal wrong. It is wrong for a child with a mild case of scarlet fever to be permitted to go on the streets, or for the mother to go and come from the grocery store where there are lots of children on the streets. I know of one case in the neighborhood where I live where a woman who was intolerant of laws and antagonistic to all kinds of supervision caused thirteen deaths in the neighborhood traceable to her child. The child was brought to my office and I said, "Take this child home and keep it there, it has diphtheria. Do not let the children go to school." I went to the house early next morning and took a culture from the throat for the board of health, and asked, "Where are the other children?" "They are at school." I asked her if I had not told her to keep them at home, and she said, "Well, I'm not going to keep the kids at home." I called up the principal of the school and had the children sent home, but it was too late—they had carried the diphtheria germs into the school, and all these deaths were traceable to that one child. There was a case of ignorance and evasion of the law combined. This woman knew better, but she did not want to be quarantined. She did the same thing with an attack of scarlet fever in her home. These people ought to be put in jail once or twice; they have no moral or legal right to expose our children to these diseases, which may be mild in their case, but which in your family or mine may cause sorrow. It is time the people should know that laws are made to be enforced and that physicians are delinquent if they do not see that they are enforced. I think it is as much a part of my duty to report every case of contagious disease to the board of health as it is to attend the child when I am called to the home. It is these evasions of the law that are hardest to deal with, and I think Doctor Vitou will agree with me that when these cases grow out of ignorance and plain disregard of the laws that are intended to protect the people, it is time that these people were not only educated, but made to feel the weight of the law if they do not obey it.

DR. H. E. VITOU: My principal object was to call attenion of the physicians to the need of school inspectors. It falls to the doctor to push this work; school authorities do not want to do it unless they are forced.

In these cases of diphtheria caused from the child who was supposed to have a streptococcic throat, I traced that to a farm where they had had chickens die of sore throat—and one of the children went to school. The only way these cases can be discovered is to have school inspection, and it surely is necessary if the community is to be protected.

THE PRACTICE OF MEDICINE.

W. E. Kinnett, M.D., Peoria, Ill.

What is the practice of medicine? I presume if each one present was called upon to answer this question, either mentally or orally, on the spur of the moment, you would say the practice of medicine is the administration of medicine or medicines for the relief and cure of disease. But is it? When we were graduated we were priviliged by law to attach the letters "M.D." to our names, and it is usually interpreted to mean Medical Director, Medical Doctor or Doctor of Medicine. And again what is medicine?

According to the Standard Dictionary, medicine is "any substance used as a remedy for disease; the science and art of preventing, curing or alleviating disease."

But is this all we can do or are allowed to do as M.D.'s? We often see on letterheads, cards and signs "Physician and Surgeon." What is a physician? The Standard Dictionary states, "A physician is a person skilled in the art of healing." What is a surgeon? The same authority states, "A surgeon is a medical man whose profession or occupation is to treat diseases or injuries of the body by manual operation, or by medical appliances employed externally or internally as distinguished from a physician." Therefore, we say physician and surgeon so that the people will know that we are prepared to treat the sick, the halt, the lame and the blind. But are we?

The physician who administers drugs only thinks, and often states, that he can cure all curable diseases with his drugs, but he can not. The surgeon states that all curable cases can be cured by surgery. But they can not. And so it is with the Osteopath, the Chiropractor, the electro-therapeutist and many other cults. But they can not. All of these are side-shows, and it takes all the side-shows to make up the big circus, and a circus would not be a circus without the side-shows.

Why all these side-shows in the treatment of the sick? Simply because the medical profession, years ago, taught and were taught that when one was sick he needed drugs, and all we knew, so far as trying to cure the sick was concerned, was to give them drugs. But the failures were many. Other means have been and are being used. The tendency of the people is to get away from taking drugs. The time was if you did not give a patient drugs he would go to some one who would. But not so today. They are looking for the fellow who will relieve them without drugs, and to the shame of the M.D.'s they find them. All this is due to the big-headedness, or, I might say, pig-headedness, of our physicians.

Ever since there have been doctors there has been prejudice and bigotry. We have our "Hohenzollerns," our "Kaisers," our "Hindenburgs," our "Ludendorfs," in medicine, and to our shame be it said, they are worse today than they have ever been.

Today the tocsin is sounding, "Make the world safe for democracy," and we eagerly take up the cry with enthusiasm and shout it from the hill-

tops. But, ladies and gentlemen, where is our boasted democracy in the healing art?

It is not democracy at all, but damnable autocracy. It is kaiserism of the worst sort. When Hahnemann promulgated his ideas to the world, and when the principles of our own loved Eclecticism were promulgated, the medical autocrat shouted "quackery," and at once began to prosecute and persecute. And when other cults, such as the Osteopath and the Chiropractor, etc., began to promulgate their ideas, these same Homeopaths and Eclectics, who were so vilified and persecuted by the dominant school, joined in the cry of "wolf," and were as free—yes, eager—to persecute the vile Osteopath and all the rest who differed from them as the dominant school were to prosecute them, and hollow quack just as loudly. I am sorry to say that some of them are at it yet, and what is the good of it all? Homeopathy and Eclecticism lived and are still alive, because they have truths and principles that will never die, and so have the others. If they did not have some truth they would have fallen long ago, and while we are crying "wolf, wolf," they are doing business right under our noses. And what are we going to do about it?

We are informed in "Holy Writ" that one Gamaliel, a member of the Sanhedrin, said to his associate members, in regard to the teaching of the apostles: "Now I say unto you, refrain from these men, and let them alone; for if this counsel and this work be of men, it will come to nought; but if it be of God ye can not overthrow it." So it is with the different schools or cults, if you please. If they are founded on truth they will live, "ye can not overcome them;" and if they have not, they will "come to nought."

"Truth crushed to earth will rise again,
The eternal years of God are hers.
But error, wounded, writhes in pain,
And dies amid her worshipers."

I have endeavored to show that the man who knows nothing but medicine is a failure as a general practician. It is the same with any one of the divisions mentioned. To be an all around physician, or shall I say to be a physician, he must be "skilled in the art of healing," not only with drugs, but all other means known, or that may hereafter be discovered. He should know the principles of these different schools, factions or cults, and use them to cure or relieve the sick, and not let them go to others for relief. He should know the philosophy of orificial surgery and apply it, the principles of Osteopathy and Chiropractic and apply them in the healing art. In short, if he does not know the principles of manual therapy and use them in healing the sick, he certainly is not an up-to-date physician. He *must* know something besides drugs. *"Silege bona mala"* (select the good and reject the bad). Prove all things and sift out the truth from the error, and remember that—

"There are sermons in stones,
Books in running brooks,
And good in everything."

USE OF PITUITRIN IN UTERINE INERTIA AND POST-PARTUM HEMORRHAGE.

JEROME EARL HOLMAN, M.D., INDIANAPOLIS, IND.

Pituitrin, or pituitary extract, is an aqueous extract of the posterior or infundibular portion of the pituitary gland. It is supplied in two solutions of different strength: (*a*) Pituitrin "O," for use in obstetrics; (b) pituitrin "S," for use in general medicine and surgery.

These solutions differ in that pituitrin "S" is twice as strong or active as pituitrin "O," otherwise they are identical. The physiological effect of pituitrin is the stimulation of unstriped muscular fiber. It raises the blood pressure and slows the pulse. It increases the flow of urine; it stimulates contractions of the uterus; it increases the output of nitrogen and phosphorus.

The increase of blood pressure is due to the narrowing or contracting of the caliber of the arterioles. This is effected by its direct stimulating action on the muscular coat of the arterioles (unstriped muscle). The slowing of the pulse rate is probably due to stimulation of the vagus. The inhibitory effect on the pulse rate is more lasting than the influence upon the blood pressure.

As to its uses, the literature most available on the subject of pituitrin shows that it has been used very extensively in a great variety of diseases and conditions. From the latter statement one might look upon pituitrin as a panacea, but this is in no way true, for when you study its action we see at once that it acts, as stated before, upon the unstriped muscle fiber.

An obstetrical kit is never complete without ampules of pituitary extract. For years morphine and atropine, H. M. C., quinine and ergot have been used in inertia uteri. These are all in use to this day with the exception, possibly, of ergot, for inertia, yet inertia uteri and pituitrin have become almost synonymous terms, for it is rare to find an obstetrician who does not employ pituitrin when labor pains begin to fail when a complete dilatation exists. Almost ever since pituitary extract has been in use the usual dose was 1 c.c. hypodermically, repeated hourly as needed. (Do not forget that fetal dystocia as well as maternal dystocia are both contraindications for its use.) Within the last year I have learned, principally through my own experience, that m. iii to m. v, repeated, will usually produce the required activity of the uterus, hence the larger doses are not so much used at present, first, because it is really unnecessary, and second, because larger doses sometimes cause early and severe contractions of the uterus, which hinder the delivery of the placenta.

Some obstetricians will apply the pituitary extract to the vulva and clitoris and claim that they accomplish good results by this *modus operandi*. My experience by this method has produced no result, as far as I was able to determine.

I next wish to call your attention to its use in post-partum hemorrhage, whether this occurs at once or in twenty-four or forty-eight hours. I begin with ½ to 1 c. c. hypodermically twice daily or oftener for the first day if

needed. I often use ergot in conjunction, and I am always mindful of retained placenta, inverted uterus and other conditions, which are handled according to indications. I wish to illustrate the above use by the following case history:

Ruth W., aged eighteen, had a tubercular history. All evidences of a psoas muscle inflammation when she became pregnant. Her psoas inflammation began to clear up like magic and all was well until the birth of a fine baby girl, *when,* after a thirty-six hour labor, she had a reasonable amount of flow, followed in two days with our first post-partum hemorrhage; in two days another; next day another. On the following day I examined the cervix, thinking I might have a laceration; this revealed nothing. In the meantime I gave ergot, hydrastis, mangifera, and finally four doses of 5 c.c. each intramuscularly of a French preparation of coagulin. In another day or so more hemorrhages. It then occurred to me that with each hemorrhage I had been giving a hypodermic of pituitrin, which seemed to be the most effective remedy I was using, and had always stopped the hemorrhage for that particular time. Knowing that most of my hemorrhage was now of a passive type, I conceived the idea to continuously keep her uterus under the influence of pituitrin for a period of time and thus keep it in a state of contraction. Dr. Wm. P. Best was called in at this point, and I am sure he will coincide with me that death was the surest thing had it not been for pituitrin. Thanks to pituitrin for keeping that uterus contracted until we had time enough to build up our patient, and today, after eight weeks in bed, she is alive, well and happy, taking care of her fine baby girl.

In subinvolution I have used pituitrin once or twice a week in conjunction with vaginal treatments and the indicated remedies. In myocardial hypertrophy where digitalis is indicated but not well tolerated, pituitrin increases the force of the heart beat and lowers the pulse rate, owing to its action upon the heart muscle. Pituitrin exerts a vaso-constrictor action similar to that of the active principle of the suprarenal gland, but more prolonged. In this way it stimulates the action of digitalis. It also increases in a marked manner the urinary flow and thus furthers metabolism, as is shown by the increased output of nitrogen and phosphates. It appears to favor compensation and to control *tachycardia* effectively.

Influence of Pituitary Extract Upon Diuresis.—There has been extant conflicting evidence as to the influence of preparations of the posterior pituitary lobe upon diuresis, some observers asserting that it augments and others that it diminishes the secretion of urine, and it has been thought by some that this organ possibly contains two antagonistic principles. However, experiments conducted by Schuster and others conclusively demonstrate, by animal experiments, that either action may be obtained from the same preparation and of any make, the fact being that small doses of the substance at first increase diuresis, while its ultimate and quite early effect is to check the secretion of urine; the latter action also being the primary one when the dose is large, and especially when introduced intravenously. The explanation of this two-fold action the authors find in the assumption that the normal

action of the pituitary hormone upon the uropoietic cell is depressing, while the primary, stimulating action represents the difference between the hormone of the cell and the hormone of the blood current.

Its Influence in Diabetes Insipidus.—Again we refer to the experiments of Schuster, who describes his experience with posterior pituitary extract in the treatment of diabetes insipidus, while also reporting that in the case of renally sound persons the injection of 1 or 2 c. c. of a preparation causes a decrease in the secretion of the water as well as the solid elements, and that this effect continued for as long as sixteen hours. In other literature on this subject I found reports of experiences with true diabetes insipidus. The author reported that he made the injections intramuscularly, 1 c. c. every other day. Under a purely dietetic regimen, the daily output of urine sank from 9,500 mils to 5,000 mils after the hypophysin-therapy was added, and this although the patient now drank fluid as his desire prompted. He received sixteen injections all told. Three weeks after quitting the injections the urine voided had not increased in amount; however, the urine never attained to its full normal concentration.

Pituitary Gland for Post-Diphtheritic Respiratory Paralysis.—An Eastern medical journal reports that upon theoretic considerations Dr. Helene Morgenstern tried pituitary gland in two instances of severe disturbance of swallowing and breathing, owing to post-diphtheritic paralysis so intense that a lethal end seemed certain. She injected 0.5 c. c. pituitrin two or three times a day, improvement and cure following rapidly.

Pituitary Extract in Incontinence of Urine.—We know that in the majority of cases of nocturnal and diurnal incontinence of urine the essential cause is atony of the sphincter muscle of the bladder, which may or may not be accompanied by local changes, and also that the general chemical experience with the customary treatment of this condition is almost always ineffective. From the above I conceived the idea of employing in these cases pituitary gland as a superior stimulant of involuntary muscular fiber, and my results have been most encouraging. After three or four subcutaneous injections of the extract, given once a week in doses of 0.2 to 1 c. c., depending upon the age of the patient, incontinence of urine has disappeared in even the most inveterate cases, and no recurrence in three or four months. I failed in one because the patient was having incontinence from a case of nerves and not a weak bladder.

In conclusion, let me say pituitary extract has achieved considerable success as an animal-therapy remedial agent, and has found its place in the treatment of the following conditions: Uterine inertia, post-partum hemorrhage, shock, collapse, slow pulse rate, intestinal stasis, incontinence of urine, diuresis, diabetes insipidus and post-diphtheritic paralysis. The conditions resis, diabetes insipidus and post-diphtheritic paralysis. The conditions above named occur in the order of importance with regard to the use of pituitary extract. Yet there remain a few contraindications: Nephritis, myocarditis, high blood pressure, arteriosclerosis, deformed or too narrow pelvis, and in some complications of goiter or a threatened rupture of the uterus.

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FOR THE NATIONAL ASSOCIATION AND OUR CAUSE.

To the members of the National Eclectic Medical Association, I take great pleasure in extending a cordial greeting. When attending the session in Detroit this year, no thought of being selected for the honor of acting as its president was in any way presented to me during my attendance. Owing to my previous lack of health, I had been two years absent, and did not yet feel sure of my health, and being in doubt, I thought best to leave the session on the second day. During the following week it was certainly most gratifying to me to be informed that in my absence I had been unanimously elected as the President of the Association for the years 1918-1919.

Because of the complete absorption of the profession in the immediately important interests of the world's war, there has been as yet no opportunity to attract the attention of the members of our school to a consideration of the Association in which we are all so deeply interested, nor to the interests of the school in its entirety. I shall not undertake to do this fully at this time, because we are at the crisis of the war, and are not in a position to properly consider other matters. Everything else sinks into insignificance.

I am proud indeed to know that the members of our school of physicians are taking their part in as complete and full a manner in this war as any of the profession. They are being placed in positions of honor and responsibility, and they are doing themselves and the profession credit. They are certainly doing their "bit" in a highly gratifying manner.

Not only is this the case with the younger and more able men, but their enthusiasm in no way exceeds the enthusiasm of the older men, who are freely volunteering in the Volunteer Medical Reserve Corps, and are eagerly hoping for appointment in positions of responsibility that their experience and severe previous training make them fully competent to fill.

That this war and its forced contingencies will make a radical change in conditions and sentiments of the profession at large there is no doubt. What those changes will be we can not yet foresee, but we have faith that they will result in an important advancement of the medical profession, far beyond any point it has hitherto maintained.

This brings us to an important responsibility which is thrown upon every individual in the school, whether in government service or not, and that is that he shall see to it from this moment on that he exercises every influence he can bring to bear to fill our colleges with students, in order that our ranks may not be depleted in the future by the draft now made by the war.

This responsibility falls with double weight upon those who are at home. We were never in a better position to declare the superiority of our methods of curing disease, and of the measures we have learned to use, than we are at the present time, and it has been many decades since the people at large have been in such a receptive mood. Almost the entire old school profession are now in the ranks as surgeons. With them, there will be but little advancement in medicine, outside of preventive medicine, which applies to infectious diseases. It is probably a full century since the ranks of internal medicine have been so depleted of practitioners as they will be in the next few years.

Here is our opportunity. We come before the world with a proven theory, fully developed and substantiated. We come with a class of medicines that have never been equalled in their kindly and curative influences; we come with an experience in the bedside treatment of cases, with a clinical observation of drug action, from a physiological standpoint, that no other school claims; we come with the history of results and of successful cures that have no parallel. Consequently we are well equipped, and this is certainly our opportunity.

There are at least two ways open to improve this opportunity—yes, three: The first is to make plain to every patient the method of practice of which he is getting the benefit; to show them its advantages over the surgical, artificial, rigid anti-auto-intoxication—anti-infection—methods; there are other things to do of vital moment besides destroying germs. The second is to encourage a great increase in the attendance in all of our colleges. The third is to write freely of our methods, whenever ethics and good taste permit, for the local press, so that these may be become known again.

I am greatly inclined to believe that the laity is not impressed that the general methods now receiving so much attention, and the surgical methods of the mass of the profession, are those which the family physician can supply at the bedside of the members of the family with results commensurate with the demand which appears in the common course of every-day ailments. We have evidence that they lack faith by their employment of the drugless methods.

If we show those who have open minds the superiority of the use of plant drugs, their ready and efficient adaptation to the cure of diseases, and their lack of dangerous or unsatisfactory results, we can easily take them

back to the original general faith, that once prevailed in vegetable remedies, in this country. Surely, this is our opportunity.

To accomplish these results, there remains to us the first high obligation to our societies, and especially to the National Association. It is highly obligatory upon us to make this present year an exceedingly successful year. The obligation covers every individual physician, and I wish it were possible for me to bring this fully to the heart of every reader, that he will not fail to do his part this year in adding interest and attractiveness to the National Association.

So far, the definite plans have not been made. There has been one informal meeting, called at a time when it was possible to secure here in Chicago the attendance of a number of our active men, from widely divergent points. This little convocation suggested that with our other urgent invitations to every member, there be planned from each of our medical colleges, present and past, a full alumni association, to be held in the same hotel and at the same time in Chicago that the meeting is held, and that the alumni meetings should be conducted under the direction of a general secretary in a way that will be very satisfactory to every alumnus of every college that ever taught Eclectic medicine.

I trust that each alumnus of the different colleges will take it upon himself to insist in working up such a meeting among his own brother alumni, and, succeeding in that, he will succeed in reviving the old spirit and in bringing us all, whatever your college which each represents in contact with those of the other colleges and with other classes of the same college, in the happiest possible manner.

In addition to this attractive course, it is suggested that the main presentation of papers this year be devoted to those of specific diagnosis and the specific application of single drugs in order that a symposium of opinion and experience be brought out more fully, complete and definite, more so than in any previous year. Valuable experience of all kinds can be brought forward and discussed. Confident is the President that not a moment shall be lost in the presentation of that which is valuable. Everything that is cursory, or not in line with educational needs, will be closely abbreviated or entirely excluded. There will be but little time devoted to outside attractions. The time will be occupied with steady, persistent, practical work, which will include just as many of those members in attendance as it is possible.

With these few statements I make my bow to my friends in the Association and of the Eclectic school. In the next issue of the QUARTERLY there will appear an outlined program, when I will present the plans in a more matured form. In the meantime I trust that every individual will arouse himself to the need of personal effort to do his part in seeing to it that we shall have one great meeting of the National Association that will be in every way comparable with the session held in St. Louis in 1904, when we had an attendance of more than eleven hundred.

In the meantime the President is open to suggestions. The more he receives the better he will be pleased. It is everybody's privilege to suggest.

I trust I shall receive a large number of communications. Please improve your opportunity. I promise you a prompt reply to your letter.

FINLEY ELLINGWOOD, M.D.

Chicago, Ill.

"SPANISH INFLUENZA"—"THREE-DAY FEVER" "THE FLU."

What is Spanish Influenza? Is it Something New? Does it Come From Spain?—The disease now occurring in this country and called "Spanish Influenza" resembles a very contagious kind of "cold" accompanied by fever, pains in the head, eyes, ears, back or other parts of the body, and a feeling of severe sickness. In most of the cases the symptoms disappear after three or four days, the patient then rapidly recovering; some of the patients, however, develop pneumonia, or inflammation of the ear, or meningitis, and many of these complicated cases die. Whether this so-called "Spanish" influenza is identical with the epidemics of influenza of earlier years is not yet known.

Epidemics of influenza have visited this country since 1647. It is interesting to know that this first epidemic was brought here from Valencia, Spain. Since that time there have been numerous epidemics of the disease. In 1889 and 1890 an epidemic of influenza starting somewhere in the Orient, spread first to Russia, and thence over practically the entire civilized world. Three years later there was another flare-up of the disease. Both times the epidemic spread widely over the Unitd States.

Although the present epidemic is called "Spanish influenza," there is no reason to believe that it originated in Spain. Some writers who have studied the question believe that the epidemic came from the Orient and they call attention to the fact that the Germans mention the disease as occurring along the eastern front in the summer and fall of 1917.

How Can "Spanish Influenza" Be Recognized? —There is yet no certain way in which a single case of "Spanish influenza" can be recognized; on the other hand, recognition is easy where there is a group of cases. In contrast to the outbreaks of ordinary coughs and colds, which usually occur in the cold months, epidemics of influenza may occur at any season of the year; thus the present epidemic raged most intensely in Europe in May, June and July. Moreover, in the case of ordinary colds, the general symptoms (fever, pain, depression) are by no means as severe or as sudden in their onset as they are in influenza. Finally, ordinary colds do not spread through the community so rapidly or so extensively as does influenza.

In most cases a person taken sick with influenza feels sick rather suddenly. He feels weak, has pains in the eyes, ears, head or back, and may be sore all over. Many patients feel dizzy, some vomit. Most of the patients complain of feeling chilly, and with this comes a fever, in which the temperature rises ot 100 to 104. In most cases the pulse remains relatively slow.

In appearance one is struck by the fact that the patient looks sick. His eyes and the inner side of his eyelids may be slightly "bloodshot," or "congested," as the doctors say. There may be running from the nose, or there may be some cough. These signs of a cold may not be marked; nevertheless the patient looks and feels very sick.

In addition to the appearance and the symptoms as already described, examination of the patient's blood may aid the physician in recognizing "Spanish influenza," for it has been found that in this disease the number of white corpuscles shows little or no increase above the normal. It is possible that the laboratory investigations now being made through the National Re-

search Council and the United States Hygienic Laboratory will furnish a more certain way in which individual cases of this disease can be recognized.

What is the Course of the Disease? Do People Die of it?—Ordinarily the fever lasts from three to four days and the patient recovers. But while the proportion of deaths in the present epidemic has generally been low, in some places the outbreak has been severe and the deaths have been numerous. When death occurs it is usually the result of a complication.

What Causes the Disease and How is it Spread?—Bacteriologists who have studied influenza epidemics in the past have found in many of the cases a very small rod-shaped germ called, after its discoverer, Pfeiffer's bacillus. In other cases of apparently the same kind of disease there were found pneumococci, the germs of lobar pneumonia. Still others have been caused by streptococci, and by other germs with long names.

No matter what particular kind of germ causes the epidemic, it is now believed that influenza is always spread from person to person, the germs being carried with the air along with the very small droplets of mucus, expelled by coughing or sneezing, forceful talking, and the like by one who already has the germs of the disease. They may also be carried about in the air in the form of dust coming from dried mucus, from coughing and sneezing, or from careless people who spit on the floor and on the sidewalk. As in most other catching diseases, a person who has only a mild attack of the disease himself may give a very severe attack to others.

What Should Be Done by Those Who Catch the Disease?—It is very important that every person who becomes sick with influenza should go home at once and go to bed. This will help keep away dangerous complications and will, at the same time, keep the patient from scattering the disease far and wide. It is highly desirable that no one be allowed to sleep in the same room with the patient. In fact, no one but the nurse should be allowed in the room.

If there is cough and sputum or running of the eyes and nose, care should be taken that all such discharges are collected on bits of gauze or rag or paper napkins and burned. If the patient complains of fever and headache, he should be given water to drink, a cold compress to the forehead, and a light sponge. Only such medicine should be given as is prescribed by the doctor. It is foolish to ask the druggist to prescribe and may be dangerous to take the so-called "safe, sure, harmless" remedies advertised by patent-medicine manufacturers.

If the patient is so situated that he can be attended only by some one who must also look after others in the family, it is advisable that such attendant wear a wrapper, apron or gown over the ordinary house clothes while in the sick-room, and slip this off when leaving to look after the others.

Nurses and attendants will do well to guard against breathing in dangerous disease germs by wearing a simple fold of gauze or mask while near the patient.

Will a Person Who Has Had Influenza Before Catch the Disease Again?—It is well known that an attack of measles or scarlet fever or smallpox usually protects a person against another attack of the same disease. This appears not to be true of "Spanish influenza." According to newspaper reports the King of Spain suffered an attack of influenza during the epidemic thirty years ago, and was again stricken during the recent outbreak in Spain.

How Can One Guard Against Influenza?—In guarding against disease of all kinds, it is important that the body be kept strong and able to fight off disease germs. This can be done by having a proper proportion of work, play and rest, by keeping the body well clothed, and by eating sufficient, wholesome, and properly selected food. In connection with diet, it is well

to remember that milk is one of the best all-around foods obtainable for adults as well as children. So far as a disease like influenza is concerned, health authorities everywhere recognize the close relation between its spread and overcrowded homes. While it is not always possible, especially in times like the present, to avoid such overcrowding, people should consider the health danger and make every effort to reduce the home overcrowding to a minimum. The value of fresh air through open windows can not be over-emphasized.

Where crowding is unavoidable, as in street cars, care should be taken to keep the face so turned as not to inhale directly the air breathed out by another person.

It is especially important to beware of the person who coughs or sneezes without covering his mouth and nose. It also follows that one should keep out of crowds and stuffy places as much as possible, keep homes, offices and workshops well aired, spend some time out of doors each day, walk to work if at all practicable—in short, make every possible effort to breathe as much pure air as possible.

"Cover up each cough and sneeze,
If you don't you'll spread disease."

We have reproduced Supplement No. 34 to the Public Health Reports: "Spanish Influenza"—Three-Day Fever"—"The Flu."

In addition to this from the United States Public Health Service, we have also received one from the Bureau of Medicine and Surgery of the Navy, one from the Council of National Defense, one from the Red Cross Society and one from Ohio Department of Health. In only one of those received by us was any medication suggested.

Before any of these circulars reached our office our locality was wrestling with the disease. We recognized it at once as being the same condition with which we wrestled in 1889 and 1890, and which was called at that time la grippe.

In the present epidemic we have noted in fully 75 per cent. of our cases a mucous click in full inspiration or fine moist rales in the axillary region, when the patient was first examined. This was in a large majority of the cases on the right side. This pulmonary congestion we believe to be the fundamental cause for the broncho-pneumonia following as a complication.

The intestinal type was also noted. In some cases symptoms strongly suggestive of entero-colitis or colitis were seen. All these cases were aggravated when either cathartic pills or epsom salts were used.

One feature in which this epidemic, in my experience, differed from the previous one was the few cases occurring in elderly people, the present epidemic being confined to the middle aged, young adults and children. Few fatalities occurred in this locality and all these were from pneumonia. Our newspapers record many deaths as resulting from influenza, but we doubt the correctness of this statement. Death, in our experience, results only from complications, usually broncho-pneumonia.

Our greatest interest in the present epidemic arises from the terrible havoc wrought in our training camps by this disease. Why it should play such havoc in them and why such a mortality should follow is well worthy of

consideration and study. These men, as a class, are presumed to represent the vigorous young manhood of our Nation, and as such should be able to withstand the ravages of disease better than those in civil life. They are the pick and flower of our manhood. We noticed the report of a committee selected to investigate conditions at Camp Grant, but it was similar to "Congressional investigations." It found nothing save the fact that "influenza" existed, a fact of which we were all, unfortunately, aware. A report which came to me, and which might bear investigation, was that a large number of those afflicted by influenza had just received their second and third prophylactic treatment for typhoid fever, and thus weakened and sick fell an easy prey to the disease; and also these men furnished a large number of the pneumonic cases. I can not vouch for the truthfulness of this statement, but it might bear investigation. Whether true or untrue, the fact remains patent that too many of our stalwart young manhood have fallen victims to this disease.

We have said that all the circulars but one were silent regarding treatment. The one mentioned advised aspirin in five-grain doses and then advised against the indiscriminate use of aspirin and phenacetin. Today we saw a circular which is being freely distributed which advised or contained a prescription containing phenacetin, aspirin, salol and caffeine, all four in one prescription. The popularizing of these drugs with the laity is fraught with danger, and reminds us that in the former epidemic antipyrin, antifebrin and acetanilid were the popular remedies, and to our mind were responsible for the large number of deaths from heart failure at that time.

Our sovereign remedies during the present time were aconite, asclepias and gelsemium. Occasionally other remedies were used when complications occurred. The principal ones were bryonia, lobelia, phosphorus, ipecac and macrotys, named in the order in which we found them necessary.

We believe that these remedies, used in conjunction with the directions given in that part of the pamphlet, "What should be done by those who catch the disease," will lessen the complications and hence the mortality. We have learned from experience that the one thing necessary in this disease is to keep the patient quiet in bed until he or she is well. M.

THE SUPPLY OF PHYSICIANS.

The Journal of the American Medical Association of October 12, 1918, contains an editorial entitled "Adequate Supply of Physicians Makes Lower Educational Standards Unnecessary." We do not know who the writer is, but whoever he may be we disagree with him in some of his propositions.

Personally, we do not wish to see the educational standards lowered, but we do claim that the same amount of work can be accomplished in less time by means of a properly balanced curriculum. In other words, the time standard is wrong, and the possession of the proper and necessary units or credits should be standard, no matter what the length of time consumed in securing them. It is the opinion of all practical educators that time can be saved

in the pre-medical course. This fact was fully demonstrated at the meeting of the Council of Medical Education in February, 1917.

The proportion of physicians at the present time, he claims, is one to every 720 people. In the various countries of Europe just before the world war began, the proportion of physicians was from one to every 1,500 to one to every 2,500. He thinks that more than one-half of the physicians might be withdrawn from civil practice before the proportion to the population would be as low as the highest proportion in any country in Europe, namely, one to every 1,500 of the population. "One physician to every 1,500 people could readily supply all the needs in thickly populated communities, but the more sparsely settled rural communities would doubtless need a larger proportion —say one to every 1,000. On this basis for the entire country, it would require one physician for about every 1,250 people." The constant reversion or comparison to Europe is not tenable. For many years the favorite basis for comparison was Germany. We presume it is neither politic nor wise to longer compare our civilization with Germany, hence we are to be compared to the *countries* of Europe. We seriously doubt whether the people of the United States would care or desire to be on the same plane of civilization as the people of Austria-Hungary, Italy or Russia, nor not even with the common people of England. Our civilization is of a higher plane than any of the old countries of Europe, and we could never understand why our medical educators are constantly making comparisons between the United States and the old world. There is a vast difference, and that difference is in favor of the Americans. We breathe a different atmosphere, we imbibe a different type of manhood, energy, virility, genius. Initiative marks the American youth, and it is being demonstrated on the battlefields of Europe and in the training camps of old England. There can be no comparison. We have a civilization all our own, and, as was demonstrated at the 1917 meeting mentioned, there can not be and should not be any comparison made between the school systems. This is only a relic of the "German propaganda," to which, unfortunately, many of our educators, unwittingly, we hope, fell victims.

Speaking from a practical point of view, based upon thirty-five years of general practice, we do not believe a physician can do justice to a clientele of 1,000 people. It would require his entire time, leaving no time for study, much less for rest. There are but exceedingly few men that can work eighteen to twenty hours daily, seven days in the week. A physician labors 365 days a year, and should have time each day for study and rest. Our recent experiences with the epidemic of influenza clearly demonstrates the inability of a physician to care for an unlimited number of patients. True, the conditions were unusual, yet it clearly demonstrates the limitations of human power.

He says: "The only valid reason why medical schools should be kept going is that in recent years they have turned out physicians who are eminently better qualified than those of earlier years, and this one reason would be removed if educational standards should be lowered."

There might be an honest difference of opinion as to the qualifications of the younger physicians. They are better qualified so far as diagnosis and

pathology are concerned, but not so in therapeutics. They are absolutely helpless, and the present epidemic has fully and amply demonstrated that fact.

There is a dearth of physicians, and scarcely a week passes but what I receive a request for a physician which I am unable to supply. This was true even before the war.

There need not be a lowering of the educational standards, but there should be a readjustment of the curriculum—if you will, a properly balanced one. The undue length of time required at present is the reason for the undue growth of pseudo-medical cults complained of by the author. M.

SERUMS AND VACCINES.

We have said the recent graduate is short on therapeutics, notwithstanding the increased time devoted to the study of medicine. In fact, in some medical colleges the study of materia medica and therapeutics has been dropped from the curriculum.

Scientific medicine has reached such a limit that no medicine is given unless a serum is known. In fact, they so long have become accustomed to following the dictation of so-called authority that they have lost faith in medicine, even though their own clinical experiences have taught them the value of some drugs. The recent experience in pneumonia and influenza has demonstrated the truthfulness of this statement.

The journal from which we have quoted in previous editorials sounds a warning against the use of serums and vaccines in influenza. "The germ has not been as yet isolated, hence a specific serum or vaccine can not be made." Yet we read of boards of health using a preventive serum. "Sufficient time has not as yet passed to demonstrate the usefulness of such prevention." It has not stood the test of clinical experimentation—no, not even of laboratory experimentation. They are using a "mixed vaccine containing pneumococci, streptococci and influenza bacilli," with the hope that it may be of value. Further: "How slender the basis for this anti-influenzal vaccination when it is considered that the real nature of influenza is still unknown."

"It is probably safe to say that nothing on which to rely in the future can be learned from the indiscriminate vaccination going on. There is, therefore, no basis on which promise of protection from vaccines may be made. They may be harmless, but they may or may not be of preventive value."

We hear and read much about empiric medicine and empiricism. We see many remedies that have stood the test of clinical observation for years condemned as useless, because they have not stood the laboratory test—yes, even some that have stood the laboratory test—yet we wonder how far from empiricism is this indiscriminate use of serums and vaccines in influenza. It is empiricism. We believe there is danger in their use, and we wonder how much of the pneumonia and fearful fatality in some localities is due to their use. Fancy, the injection of pneumococci, streptococci and influenza bacilli into a healthy man to prevent influenza. We have yet to learn of the use of a serum or vaccine to prevent pneumonia, and we have yet to see the

successful treatment of pneumonia with a vaccine or a serum; yet pneumonia is the most frequent and fatal complication of influenza. Yet this is our boasted scientific medicine—the product of our A+ colleges. Seven years of study, to be left floundering in a "slough of despond" when confronted with a crisis or condition.

Personally we feel that our profession has miserably failed in the present crisis, and we wonder how much of our failure is due to therapeutic nihilism and the blind following of the dictum of authority, the loss of initiative, the personal equation in medicine.

The tales filtering through from the camps are a blot upon scientific medicine. We know and fully realize that the epidemic caught the authorities short of assistance—in fact, they were simply overwhelmed; yet we feel that the nihilistic spirit, the unreasonable, foolish acquiescence to the dictation of the laboratory expert is partly to blame for this failure. How much of the pneumonia was due to the use of these serums and vaccines we will never know.

Oh, Science, what follies are committed in thy name! M.

ROLL OF HONOR.

THE QUARTERLY desires to ascertain the names and location of all our men who have gone into the service. Many of us have sons who have enlisted; many of us know of those who have offered the government their services. Will you kindly furnish the editor with the names of all Eclectic physicians, whether a member of our society or not, who are members of the Medical Officers Reserve Corps and their location? To date we have the following:

ARIZONA.

Manning, G. F., Flaggstaff—Camp Cody, Deming, N. M.

ARKANSAS.

Boyce, Samuel G., Little Rock.
Gardner, L., Russellville.
Landrum, F. W., Driggs—Camp Dix, Wrightstown, N. J.
Moreland, W. H., Hickory Ridge—In France.
Prichard, A. C., Hot Springs—In France.
Tatman, A. E., Eureka Springs—Ft. Riley

CALIFORNIA.

Atkins, S. M.—Leon Springs, Tex.
Buckington, J. R., Big Pine—Aviation School, San Diego, Cal.
Brown, H. V., Los Angeles—Ft. Riley, Kans.
Dougall, J. Park, Los Angeles—Ft. Riley, Kans.
Evans, H. R., Trona—San Bernardino
Fraser, Martin W., Richmond.
Harvey, E. R., Long Beach—Camp Logan, Tex.
Holman, W. F., Los Angeles—Camp Kearney, San Diego, Cal.
Prince, Russell W., Los Angeles—Camp Kearney, Cal.
Smith, H. C., Glendale—Ft. Riley, Kans.
Schneerer, Theodore C., Los Angeles—Camp Dodge, Iowa
Smith, W. E., Whittier—Camp Kearney, San Diego, Cal.

CONNECTICUT.

Foley, M. J., Bridgeport----------Died in service
White, R. L., New Canaan----------Army Medical School, Washington

FLORIDA.

Crum, J. W., Day.
Lindsey, Sherod A----------Ft. Oglethorpe, Ga.
Von Dahm, H. V----------Ft. Oglethorpe, Ga.

GEORGIA.

Bryant, Roy, Calhoun----------In France
Dicky, Chas., Grayson----------Ft. Oglethorpe, Ga.
Dorsey, Homer A., Pitts----------Camp Joseph E. Johnson, Jacksonville, Fla.
Hendry, J. H., Cuthbert.
Howell, J. L., Canton----------Camp Wheeler
Johnson, M. T., Lawrenceville.
Nicholson, J. H., Madison----------Camp Wheeler
Parliament, D. H., Covington----------Camp Dix, Wrightstown, N. J.
Steed, John, Dalton.
Yawn, B. W., Alamo----------Ft. Oglethorpe, Ga.

ILLINOIS.

Cressman, Ralph G., Ogleby----------South San Antonio
Dyer, Wilson K., Kankakee----------Jefferson Barracks, La.
Herrick, R., Wyanet----------Base Hospital, Ft. Leavenworth, Kans.
Hulick, G. O., East St. Louis.
Hulick, Chas. N., Shelbyville----------Ft. Oglethorpe, Ga.
Kampen, H. L., Monmouth----------Ft. Des Moines, Iowa
McLaughlin, Chas., Berlin----------In France
Martin, H. P., Grayville----------Camp Taylor, Ky.
Spindel, E. S., Springfield.
Williamson, T. B., Opdyke.

INDIANA.

Bennett, P. R., Bridgeton----------Ft. Oglethorpe, Ga.
Blosser, H. V., Ft. Wayne----------Camp Grant, Ill.
Brazelton, O. T., Princeton----------Ft. Oglethorpe, Ga.
Brown, C. N., Fairmount.
Finlaw, Fred H., Arlington----------Ft. Oglethorpe, Ga.
Harrell, Martin E., Kokomo----------Camp Upton, L. I., N. Y.
Hauck, J. H., Terre Haute----------Ft. Riley, Kans.
Hosman, Fred L., Indianapolis----------327th Mach. Gun Bat., Camp Zachary Taylor
McCabe, J. E., Buck Creek----------Ft. Benjamin Harrison
Moran, Mark M., Portland----------Ft. McPherson, Go.
Smith, G. A., Bryant----------Camp McClellan, Anniston, Ala.
Squires, W. C., Cambridge City.
Strong, D. S., Dana----------Camp Greenleaf, Ga.
Tindall, P. A., Greensburg----------Ft. Olethorpe, Ga.
Waite, Earl W., Rochester----------Camp Upton, L. I., N. Y.
Waltermire, Tell C., Shelbyville----------In France
Winter, Emil G., Indianapolis----------Camp Crane, Pa.
Wiltshire, R. A., Gwynville.

IOWA.

Eslick, L. E., Rockwell City----------Ft. Riley, Kans.
Schmaltz, Walter F., Mt. Ayr----------Camp Upton, L. I., N. Y.
Von Lackum, H. L., Iowa City----------Base Hospital, Ft. Oglethorpe, Ga.

KANSAS.

Baird, O. C., Chanute----------Ft. Oglethorpe, Ga.
Brinkley, John R., Milford.
Brubaker, C. F., McPherson----------Hospital Train No. 37, A. E. F.
Lawrence, E. K., Great Bend----------Camp Dodge, Iowa
Packer, E. B., Osage City.
Rinehart, J. H., Quintar.

KENTUCKY.

Alexander, H. T., Fulton----------U. S. General Hospital No. 5, Ft. Ontario, N. Y.
Bergmeyer, O., Dayton----------Ft. Caswell, N. C.
Burrow, R. C., Cunningham.
Echert, David A., Newport----------Ft. Oglethorpe, Ga.
Farabough, J. A., Clinton.
Hodge, Otto P., Grant Lick----------In France
Hughes, Walter B., Newport----------In France
Nestley, Edward J., Covington----------Camp Lee, Va.
North, E. A., Newport----------Ft. Oglethorpe, Ga.
Pohlmeyer, H. F., Lexington----------Ft. Oglethorpe, Ga.
Ray, W. E., Staub.
Staughton, J. M., Covington----------Camp Sevier, S. C.
Sutter, Homer T., Newport----------Camp Sheridan, Ala.

MICHIGAN.

Blakemore, J. M.
Kling, Harry A., Montague.
McLaughlin, Nelson, Lake Odessa----------Aviation Camp, Waco, Texas
Murphy, W. D., Bangor----------Camp Custer, Battle Creek, Mich.
Pangburn, Leon E., Detroit----------Ft. Oglethorpe, Ga.
Shafor, H. A., Detroit----------Ft. Riley, Kans.

MISSOURI.

Cook, E. F., St. Joseph.
Frazier, C. E., Kansas City----------Camp Hancock, Ga.
Hurwitt, Frank, Kansas City.
Tucker, C. A., Springfield.
Shirley, G. H., Bagnell.
Weisner, B. F., St. Louis----------Eberts Field, Lonoke, Ark.

NEBRASKA.

Andrus, T. M., Lincoln----------Ft. Oglethorpe, Ga.
Linquist, A. L., Omaha----------Camp Zachary Taylor, Louisville, Ky.
Osborne, J. W.----------Ft. Riley, Kans.
Jester, Dr., Bethany----------Deming, N. M.
Methany, H. B., Lincoln----------Ft. Riley, Kans.
Methany, S. E., Cairo----------Ft. Riley, Kans.
Morrow, Carl, Lincoln----------Ft. Rliey, Kans.
Spealman, J. F., Lincoln----------2nd Field Hospital Corps, Nebraska
Stewart, S. J., Hastings----------Washington, D. C.
Swartwood, F. M., Lincoln.
Wilmeth, H. D., Lincoln----------Ft. Pike, Ark.

NEW JERSEY.

Messinger, C. J., Butler----------Hazelhurst Field

NEW YORK.

Bernstein, James, Brooklyn----------In France
Bradstreet, S. W., Rochester----------Camp Devins, Mass.

Scaison, H., New York---In Navy
Shelly, H. J., Middletown---Ft. Oglethorpe, Ga.
Strahl, Milton, Brooklyn, N. Y.
Terwilliger, Frederick, Spencer---Ft. Oglethorpe, Ga.

OHIO.

Allen, Van I., Creston---Camp Abraham, Eustis, Va.
Ambrose, W. H., New Petersburg---Camp Grant, Ill.
Amidon, Chas. S., Cincinnati---Linda Vista, Cal.
Aurand, G. C., Weston---Ft. Oglethorpe, Ga.
Austin, H. H., Springfield.
Bayless, C. C., Dayton---Belleville, Ill.
Bame, S. R., Carey---Ft. Ogletorpe, Ga.
Ballmer, Z. H., Toledo---Camp Holabird, Md.
Beaman, Chas. W., Cincinnati---Base Hospital, Fox Hills, Staten Island, N. Y.
Bechtel, R. H., Dayton---Ft. Oglethorpe, Ga.
Bennett, H. A., Toledo.
Blood, H. I., Middletown---Ft. Oglethorpe, Ga.
Bowles, Mark E., Cincinnati.
Burnett, E. J., Fostoria---Ft. Oglethorpe, Ga.
Burson, A. F., Oakwood---Ft. Oglethorpe, Ga.
Carey, William H., Bellefontaine---In France
Calloway, F. C., Marysville---In France
Conley, F. W., Sherwood---Ft. Oglethorpe, Ga.
Connor, Franklin, Sidney---In France
Curl, G. R., Edgerton---In Italy
Curl, R. B., Toledo---Ft. Oglethorpe, Ga.
Davis, Claud, West Liberty---Fulham Hospital, London, England
Deeds, C. R., Dalton---Camp Greene, N. C.
Decatur, P. E., Washington C. H.---Camp Custer, Mich.
DeCrow, R. W., Sciotoville---Camp Holabird, Md.
Demuth, F. F., Cecil.
Duffy, J. A., Cincinnati---Ft. Oglethorpe, Ga.
Dunton, Allen H., Cincinnati---In France
Dwire, H. E., Nevada---Ft. Oglethorpe, Ga.
Eagon, Earl S., Cincinnati---Ft. Oglethorpe, Ga.
Englerth, Benj., Delaware---In France
Evans, Roy K., McGuffy.
Falk, J. B., Cincinnati---Ft. Oglethorpe, Ga.
Fox, Allen J., Cincinnati---Yale University
Gibson, Harold, Blanchester---In France
Hagen, J. S., Cincinnati---Base Hospital, Unit No. 25, France
Hanna, Myron, Scott---In France
Harding, C. L., Bellevue---Ft. Oglethorpe, Ga.
Hays, Lee A., Johnstown---Ft. Oglethorpe, Ga.
Hissong, Chas. G., Hamlin---Ft. Oglethorpe, Ga.
Holston, J. D., Massillon---Base Hospital, Camp Zachary Taylor
Hunter, Roy C., Wapakoneta---Ft. Ogletorpe, Ga.
Keller, N. H., Cincinnati---In France
Kimmill, O. P., New Madison---Camp Greene, Charlotte, N. C.
Kittsmiller, C. R., Fresno---Camp Sheridan, Ala.
Krohn, Clifford, Morrow---South Baltimore, Md.
Layport, W. L., Cincinnati---In France
Leiser, W. A., Ft. Recovery---In France
Mattox, S. W., Marion---Camp Upton, N. Y.

McHenry, L. L., Cheviot---Ft. Benjamin Harrison, Ind.
Miller, L. D., Toledo---Newport News
Moats, G. E., Antwerp---Ft. Oglethorpe, Ga.
Mundy, Carll S., Toledo---Base Hospital No. 90
Murr, Paul A., Galion---Yale Laboratory, New Haven, Conn.
Musgrave, A. C., Ohio City---Base Hospital No. 113, Camp Sherman, O.
Naus, Walter, Upper Sandusky
Nellans, Byron H., Cincinnati---Honorably discharged
Nunnamaker, A. J., Cincinnati---Contract Surgeon, S. A. T. C. at E. M. C.
Owry, F. J., Cincinnati---342d Field Hospital, Camp Grant, Ill.
Peterson, M. L., Cincinnati---Camp Sherman, O.
Postle, F. D., Delaware---In France
Postle, R. S., Akron---In France
Powers, H. W., Amherst
Powers, R. E., Akron---In France
Rupp, Dennis, Cincinnati---In France
Salisbury, J. W., Toledo---Ft. Oglethorpe, Ga.
Schirack, C. J., Coldwater---Base Hospital, Hempstead, L. I., N. Y.
Sherman, J. G., Columbus---Ft. Oglethorpe, Ga.
Siddall, J. D., Kalida---In France
Simmons, R. W., Cincinnati---Ft. Oglethorpe, Ga.
Skeels, Everett, Akron---Columbus Barracks, Columbus, O.
Smith, C. G., Marion---Base Hospital No. 52, France
Snell, Albert L., Cincinnati---Honorably discharged
Sponseller, Fred. M., Wellington.
Staats, Clinton J., Cincinnati---Ft. Oglethorpe, Ga.
Stoutenborough, W. A., Mechanicsburg---Ft. Oglethorpe, Ga.
Stefanski, Clarence, Youngstown---In France
Swisher, W. H., Dayton---Ft. Oglethorpe, Ga.
Taylor, Neil E., Cincinnati---330th Inf., France
Treffinger, Eaton---Ft. Oglethorpe, Ga.
Townsend, Oscar, Washington C. H.---Camp Crane, Pa.
Van Buren, R. C., Carey---In France
Van Horn, A. M., Findlay---In England
Walkup, Thomas, Dayton---Camp Humphrey, Va.
Weiser, Walter J., Marion---Camp Devens, Mass.
Walker, M. F., Cincinnati---Ft. Oglethorpe, Ga.
Whitacre, R. F., Prairie Depot---Ft. Oglethorpe, Ga.
Wilmuth, S. C., Mansfield---Ft. Sam Houston
Williams, Fred. O., Columbus---Hampton Roads
Winans, J. V., Madison---Ft. Adams, R. I.
Wottring, L. C., Cincinnati---In England

OKLAHOMA.

Akers, W. D., Tyrone---Base Hospital, Camp Doniphan, Okla.
Athey, J. V., Bartlesville---Camp Custer, Battle Creek, Mich.
Humphrey, D. W., Owasse---In France
McCreery, R. C., Erick
Tucker, William M., Sulphur.

OREGON.

Rankin, J. S., Newberg---Camp Lewis, Washington

PENNSYLVANIA.

Conrad, Geo. W., Johnstown---Ft. Oglethorpe, Ga.
Edwards, D. H., Washington---Ft. Oglethorpe, Ga.
Glenn, C. G., State College---Ft. Oglethorpe, Ga.

Glenn, W. S., Jr., State College----------Base Hospital No. 116, France
Keiper, J. D., Johnstown----------Base Hospital, Camp Jackson, S. C.
Long, F. H., Coopersburg.
Lafferty, J. T., McKees Rocks----------Ft. Oglethorpe, Ga.
Livingstone, W. W., Dunlo----------Camp Upton, N. Y.
Monroe, Harry S., Waldridge----------In France

SOUTH DAKOTA.

Collins, W. P., Howard.
Goldman, E. W., Madison----------Ft. Riley, Kans.
Raber, D. D., Buffalo.

TENNESSEE.

Dykes, L. M., Johnson City----------Camp Meade, Md.
Hite, J. Harvill, Nashville----------In France
Hudkins, Ira N., Bradford----------Ft. Oglethorpe, Ga.

TEXAS.

Standlee, T. H., Lyra.
Stagner, G. H., Waco----------Bellevue Hospital, New York

WEST VIRGINIA.

Crow, W. F., Glenn Easton----------Camp Jackson, S. C.
Daugherty, L. E., Thomas----------Ft. Oglethorpe, Ga.
Halterman, C. W., Clarksburg----------In France
Hays, S. D., Flemington.
Lambert, A. C., Charleston----------In France
Musick, R. M., Gilbert----------Ft. Oglethorpe, Ga.
Rinehart, A. B., McMechan----------Camp Dix, Wrightstown, N. J.
Slayden, Capt. Thos., Williamson.
Yost, H. R., Fairmount----------Camp Jackson, S. C.
Yost, G., Huntington----------Camp Meade, Md.

WISCONSIN.

Bailey, M. A., Fennimore.
Brewer, J. C., Jefferson----------Camp McArthur, Waco, Texas
Hawley, C. W., Minocqua.
Rodecker, D. C., Holcomb----------Ft. Benjamin Harrison, Ind.

WASHINGTON.

Bordsen, T. L., Seattle----------Ft. Riley, Kas.

NEWS AND NOTES.

CALIFORNIA.

S. A. Goyette has moved from Idria to Lookout, Modoc County.

A recent communication from the secretary of the California State Board of Medical Examiners states that the College of Osteopathic Physicians and Surgeons of Los Angeles is no longer recognized as a medical school, and that after August 1, 1918, graduates of that school will not be admitted to examinations for licenses to physicians and surgeons.

GEORGIA.

The legislature of Georgia passed a law authorizing a State Board of Health in 1903, and this law contains a section providing "That it shall be the duty of the local boards of health, and of physicians in localities where

there are no health authorities, to report to the State Board of Health promptly on the discovery thereof the existence of any of the following diseases, towit: Asiatic cholera, yellow fever, scarlet fever, smallpox, diphtheria, typhus or typhoid fever, and of such other contagious and infectious diseases as the State Board of Health from time to time may specify." Several diseases have since been added and the following is a complete list: Actinomycosis, acute infectious conjunctivitis, ankylostomiasis (hookworm), anthrax, cerebro-spinal meningitis, chickenpox, cholera, dengue, diphtheria, dysentery (amebic), dysentery (bacillary), favus, german measles, glanders, gonorrhea, leprosy, malaria, measles, mumps, yellow fever, paratyphoid fever, plague, pneumonia (acute lobar), poliomyelitis, rabies, Rocky Mountain spotted or tick fever, scarlet fever, septic sore throat, smallpox, syphilis, tentanus, trachoma, trichinosis, tuberculosis (pulmonary), tuberculosis (other than pulmonary), typhoid fever, typhus fever and whooping-cough. Since the beginning of this year the State Board of Health has been making a serious effort to have this part of the law enforced. The secretary of the board has recently sent out return postcards to every physician in Georgia, on which reports are being made. Dr. Thomas F. Abercrombie, Atlanta, secretary of the board, has been appointed collaborating epidemiologist of the United States Public Health Service. The board is also co-operating with the United States Public Health Service, by establishing free clinics for venereal diseases in each Congressional district and by investigation of epidemics in the State by Dr. Josephus J. P. Bowdoin, Adairsville, epidemiologist for the board, and acting assistant surgeon, U. S. P. H. S. The legislature has manifested marked interest in the work of the board and gives promise of more liberal financial assistance.

ILLINOIS.

The typhoid fever epidemic in Moline is unabated, and fourteen new cases, making 109 in all, have been reported with two deaths.

An epidemic of typhoid fever in Danville is declared by the State Board of Health to have been traced to two sources of milk supply of the city.

Three deaths have occurred at St. Charles from infantile paralysis, and all children under sixteen years of age have been ordered to be quarantined in their homes.

The opening of the schools at Winetka will be delayed one week on account of the prevalence of infantile paralysis in that suburb. Four cases have been reported in the territory surrounding Winetka, during the last two months, with one death.

Dr. C. N. Baumann has moved from Pierron to Highlands.

INDIANA.

Dr. J. M. Coleman has moved from Shelbyville to Eugene, Oregon.

IOWA.

Two cases of infantile paralysis are reported at Lattners.

The State Board of Health has received reports of three cases of infantile paralysis from Bellevue.

In all 110 cases of infantile paralysis have been reported thus far this year to the State Board of Health.

On account of the prevalence of infantile paralysis at Wilton, the entire town has been placed in quarantine, with orders to isolate every child under sixteen years of age at its home. At present five cases of the disease have been reported.

A second case of infantile paralysis was reported in Sioux City August 14.

KANSAS.

Dr. E. B. Dawson has removed to 3019 McGee Street, Kansas City.

Dr. T. G. H. Meckfessel has moved from Albert to Montezuma.

Dr. J. P. King has moved from Opolis to 5011½ N. Broadway, Pittsburg, Kansas.

KENTUCKY.

Under Chapter 63 of the Kentucky Statutes the State Board of Health is empowered to formulate and enforce rules for the control of infectious and contagious diseases. The common council of Louisville, March 28, passed an ordinance including venereal diseases in this classification. A woman was arrested for soliciting soldiers on the street and confined to jail. On motion before the court for her release, arguments were heard to test the validity of the ordinance, and Judge Lincoln decided that the rules and regulations were within the legislative power, that they were properly adopted and promulgated and that the detention of the prisoner for a reasonable length of time is lawful. It is now possible, under this ordinance, to confine in the county jail all prostitutes and other persons suffering from venereal disease in an infective state, until they can be treated.

MICHIGAN.

C. H. Murphy, of Lansing, has accepted a commission in the M. R. C., U. S. Army.

MINNESOTA.

Infantile paralysis is said to be on the increase in Spring Grove, where sixteen cases have already been reported.

The city health department of Minneapolis placed under quarantine three cases of poliomyelitis, August 28. It is believed the patients in each case contracted the disease outside of the city.

MISSOURI.

Mrs. J. C. Davis, *nee* Sophia Billenkamp, has removed from St. Louis to Galt, Calif., R. R. No. 2.

Governor Gardner has appointed Dr. Andrew W. McAlester, of Columbia, a member of the State Board of Health to take the place of Dr. Joseph W. Ferguson, St. Joseph, who has joined the Medical Reserve Corps, U. S. Army. The Governor has also reappointed Dr. Emmett P. North, of St. Louis, Dr. Thomas A. Son, of Bonne Terre, Dr. T. Hurley Wilcoxen, of Bowling Green, whose terms expired July 1. The other members of the board are: Drs. William A. Clark, Jefferson City; Tolman W. Cotton, Van Buren, and George H. Jones, Jefferson City, secretary of the board.

MONTANA.

The people of Montana are to have the opportunity, November 5, to vote on the establishment of a law regulating the practice of Chiropractic. It appears from the arguments against this measure that the bill providing for the licensing of practitioners of this cult has been repeatedly voted down in that State. It is quite probable that the same result will follow this effort, and that the bill will not be enacted.

NEW JERSEY.

Dr James W. Hughes, Atlantic City, has been appointed a member of the State Board of Medical Examiners to succeed Dr. Edward H. Baldwin, Newark. Dr. John J. Mooney, Jersey City, has been reappointed a member of the board, and Dr. Philip Marvel, Atlantic City, has been appointed a member of the board to succeed Dr. Alexander Marcy, Jr., Riverton.

NEW YORK.

Dr. Wm. L. Heeve, of Brooklyn, has taken the war surgery course at Rockefeller Institute and is an instructor to the Naval Reserve at Cumberland Street Hospital, which is under navy control, on the Daken-Carrel method of treating sepsis. Dr. Heeve is on the staff of the above hospital.

Several years ago the Federal Government ruled that saccharin was a deleterious product, and could not be used in foods except when intended for medicinal purposes—that is, diabetic foods—in which instance its use should not exceed 0.03 gm. per day. During the recent weeks the sugar shortage has become more and more acute and the temptation to use saccharin as a sweetening agent has consequently become greater at this time. In a ruling on the adulteration of a beverage which contained 0.01 per cent. saccharin, the Appelate Division of the Supreme Court of New York held that the use of saccharin, if fully disclosed on the label, did not constitute adulteration within the meaning of the Sanitary Code of New York. This judge, however, went further and stated that "since saccharin is not injurious to health, its use may be restricted, but can not be prohibited in the exercise of police power."

After word had been received from the Surgeon-General's Office that plans had been developed for calling out hospital internes and a certain number of advanced and intermediate medical students, the Hospital Conference of New York held a meeting, August 26, at which it was voted to send a committee to Washington to confer with the Surgeon-General for the purpose of forming a definite plan to furnish the greatest amount of medical and nursing aid to the army without disorganizing civil hospitals. The Hospital Conference issued a statement setting forth the difficulties under which the hospitals of the city are laboring at the present time, and notes that the War Industries Board has declared that the motion picture business in all of its branches is an essential war industry, yet it has not occurred to any officer of the government to show equal consideration of the hospitals of the country as instruments of public service, An appeal is made to the President of the United States "To direct the War Industries Board, the Provost Marshal-

General and the Surgeon-General of the United States Army to formulate, in accordance with existing laws, regulations which, while giving due precedence to immediate military needs, will nevertheless preserve the integrity of the civil hospitals of the country as instruments of public service, essential to the immediate care and comfort of the civil population, and necessary to the conduct of the war, in relation to which the hospitals serve as training schools for medical officers and nurses." The heads of several hospitals belonging to a committee, acting for the American Hospital Association and the Hospital Conference of New York, are working on a standard course of training for hospital assistants in six months for duty in France. It will be urged that hospitals which have not engaged specially in training hospital aids should adopt intensive six months' courses, substituting practical work largely for lecturing.

Dr. Henry Elwood is in charge of the Steubenville Hygienic Laboratories at Corning.

Dr. Willis V. Bradstreet has removed from Irondequoit to R. D. No. 5, Beechwood Station, Rochester.

OHIO.

Dr. Curry has located at Cleveland.

Dr. D. R. Price has located at New Straitsville.

Dr. Bowles is District Physician and located on Poplar Street, Cincinnati.

Drs. E. J. Alban, of Norwood, Carl R. Busse, of Cincinnati, and Max C. Labermeier, of Oakley, have been employed by the United States Public Health Service. Drs. Busse and Labermeier were stationed at Raleigh, N. C., and Dr. Alban at New Bedford, Mass.

E. R. Zolman, of Ohio City, has removed to California.

Mrs. Lehr, wife of Dr. W. F. Lehr, after a lingering illness died at Marseilles, Ohio, August 20, 1918.

Dr. John Swanson has removed from Cincinnati to 1941 Fairfield Ave., Ft. Wayne, Ind.

Dr. J. S. McClelland has removed from Sandusky to 211 W. Federal Street, Youngstown.

Dr. H. W. Dierksheide is located at Prairie Depot, taking the place of R. F. Whitacre, who has entered the Medical Service, U. S. A.

The State Health Department has joined the United States Public Health Service in recommending to employers that smallpox vaccination and antityphoid inoculation be required of employees, on the ground that the health of workers engaged in manufacturing war munitions is as important as the health of soldiers in the field and should receive the same protection.

A compilation by Dr. John E. Monger, State Registrar of Vital Statistics, shows that tuberculosis is increasing in Ohio. Last year there were 6,299 deaths in the State from tuberculosis of the lungs, which was 120.9 deaths per 100,000. In 1915 there were 5,662 deaths, and in 1916 5,780. The average from 1909 to 1916 was 117.3. The increase in the number of deaths from tuberculosis parallels the experience of both England and France, where rates materially increased during the first year of their participation in the

war. Analysis of the reported deaths for the last year shows that the disease was fatal to 3,624 males and 2,675 females, and that more than one-half occurred between the ages of twenty and thirty-nine.

One of the reasons why the State Department of Health finds that its orders and suggestions with respect to health matters do not receive the attention that they merit is found in a statement showing the character of the health service in the State. In a six weeks' period during the early summer the department approved the appointment of seventeen village health officers in Ohio, who were chosen by their village councils. A glance at the following summary of occupation, age and annual salary of the appointees tells the story: Laborer, 33 years old, $10; farmer, 37, $12; retired, 67, $25; physician, 51, fees; teacher, 33, $10; physician, 35, no salary; oil worker, 44, $20; farmer, 60, $10; physician, 53, $15; laborer, 45, $65; physician, 69, $25; physician, age not given, $4; physician, 35, no salary; barber, 47, $60; miller, 36, $12; physician, 36, $12; teacher, 26, $35.

Ohio's seventh district tuberculosis hospital has been provided for by action of the Commissioners of Wood, Hancock, Seneca and Crawford Counties, appropriating $100,000 jointly for the establishment of such an institution, the State Department of Health announced recently. The site for the hospital will be chosen later. Five district hospitals are now in operation, and provision for a sixth one has been made by Ottawa, Sandusky, Erie and Lorain Counties. There are three county hospitals, established under previous laws, and two municipal institutions. In all these institutions provide for thirty-five of the eighty-eight counties.

Dr. R. B. Barrett was elected President of the Ohio State Eclectic Medical Association at the concluding session of the Association's annual convention at Cedar Point, August 8. Dr. J. D. Smith, of Dayton, was chosen corresponding secretary and Dr. James G. Sherman, of Columbus, treasurer. Next year's sessions will be held at Cincinnati on May 12, 13 and 14.

July was marked by the continuation of the high typhoid prevalence which started in June, when 175 cases were reported. Despite the increase, the July total is well below the average for the same month during the past five years, which amounted to 413 cases. Reports further show that infantile paralysis cases are becoming more numerous, although the disease has not approached its 1916-17 marks. Twenty-eight cases were reported for July in two groups, one centering about Trumbull County, where there were five cases, with eight more in nearby counties, and the other in Hamilton County, with thirteen cases.

A special meeting of the Ohio State Medical Board was held in Columbus, May 6, 1918, all members present. The certificate of Dr. Franklin Stuart Temple, of Ashtabula, a graduate of the Albany Medical College in 1892, was revoked for illegal advertising. It is alleged that he had been traveling from town to town and advertising himself as the "Human Magnet." A reciprocity certificate was granted to Dr. Edwin H. Pratt, of Chicago, on the basis of diploma registration from Illinois, 1877. He intends locating in Cleveland. Tonizo Tannaka, an unlicensed Chiropractor, was refused per-

mission for the examination, on the basis of his recent graduation from the Palmer School of Chiropractic, Davenport, Iowa, as such school has refused permission of an inspection to the board, and is not on the recognized list. A reciprocity certificate was granted to Dr. Alexander Solomon Wolfe, of St. Louis, on diploma registration in Missouri; intended residence, Cleveland. The National Board of Medical Examiners was again notified that the board had no authority to recognize their examination for reciprocity certificates. Further consideration of possible changes in the nurses' regulations and in the cult regulations were referred to a special meeting in June. The semi-annual examinations for licensing physicians and Osteopaths was held June 4 to 7, in Columbus.

The regular quarterly meeting of the Ohio State Medical Board was held in Columbus, September 30 and October 1. Questions were submitted for the examinations for physicians' licenses to be held in Columbus, December 3, 4 and 5, 1918. The following licenses were granted on the basis of previous State board examination: L. V. English, Northwestern 1916, Illinois, intended residence, Toledo; A. F. Grant, Queens University, Ontario, 1899, Iowa, to Cleveland; B. R. Lee, Jefferson 1879, Pennsylvania, to Cleveland; J. H. Miller, Leonard College, N. C., 1911, West Virginia, to Logan; A. E. Mott, University of Buffalo 1905, New York, to Hamilton County; J. D. Roseman, College Physicians and Surgeons Columbia University 1917, New York, to Akron; M. A. Weightman, University of Illinois 1915, Illinois, to Toledo. Reciprocity on basis of previous diploma registration: W. S. Howell, Keokuk, Iowa, 1898, Iowa, to Santoy. Osteopathic reciprocity certificate: G. M. Glasgow, Jr., Chicago 1915, Indianapolis, to Sandusky; Georgiana B. Smith, Los Angeles 1912, California, to Sandusky. Osteopathic reciprocity agreements were entered into with the mixed medical boards of Illinois and Wisconsin. Several physicians of the State who have been recently convicted under either the Federal or the State anti-narcotic laws, were cited to appear before the board at the regular January meeting.

OKLAHOMA.

Dr. W. N. Mellette has removed from Holdenville to 2606 N. Ellis Street, Bellingham, Wash.

Dr. J. P. Novall has removed from Oklahoma to Moore.

Dr. H. W. Conrad is general manager of the Park Sanitarium at Guthrie.

TEXAS.

Dr. C. L. Hudson has removed from Mart to Tyler.

OBITUARIES.

Allen, Woodson, Eclectic Medical College, 1884, died at his home in Berkeley, Cal., June 30, aged sixty-four.

Baldridge, Robert A., Eclectic Medical Institute, Cincinnati, 1884, at his home in Farmersburg, Ind., October 3, aged eighty-two.

Bates, E. W., Aubrey, Texas, member of the Texas State and National Eclectic Medical Associations, died at the home of his sister in Waco, Texas, October 17.

Beane, Benjamin F., Eclectic Medical Institute, Cincinnati, 1881, at his home in West Manchester, O., October 19, aged sixty-seven.

Borger, David, Eclectic Medical College, Cincinnati, 1876, died at his home in Hamilton, O., September 30, aged seventy-five.

Calder, George, Claysville, Pa., Eclectic Medical College of Pennsylvania, Philadelphia, 1870, died at the home of his daughter in Washington, Pa., July 27, aged eighty-three.

Foley, Matthew J., Lieut. M. R. C., U. S. A., of Bridgeport, Conn., at Camp Meade, early in October.

Gordy, Addie B., Georgia College of Eclectic Medicine and Surgery, Atlanta, died at his home in Butler, Ga., July 25, aged forty-four.

Gregory, William Meredith, Cleveland Medical College 1895, member of the Ohio State and National Eclectic Medical Associations, at his home in Berea, O., October 9, aged sixty-one.

Helm, William M., Eclectic Medical College, Cincinnati, 1871, died at his home in Columbus, O., August 7, aged seventy-two.

Helmbold, August E., Eclectic Medical College, Cincinnati, 1887, member of the Kentucky State and National Eclectic Medical Associations, died at his home in Newport, Ky., July 9, aged fifty-five.

Hill, Frederick William, Eclectic Medical College of the City of New York, 1900, member of the New York State and National Associations, died at his home in Brooklyn, N. Y., August 7, aged fifty-four.

Kent, Guy J., Eclectic Medical College, Cincinnati, 1902, died at his home in West Liberty, O., August 18, aged forty-one.

Mellette, Uriah Newton, Eclectic College of Medicine and Surgery, Cincinnati, 1858, was killed accidentally by a train near Bellingham, Wash., September 22, aged eighty-five.

McNaughton, A. B., Georgia College of Eclectic Medicine and Surgery, 1887, member of the Georgia State and National Medical Associations, died at his home in Augusta, Ga., June 15, aged fifty-eight.

Norman, John H., Eclectic Medical Institute, Cincinnati, 1875, at his home in Blanchester, O., October 22, aged sixty-six.

Ormsbee, Talcott, Stuntley Station, Ore., American Eclectic Medical College, Cincinnati, 1876, died in Portland, Ore., September 11, aged eighty-three.

Panzer, George Ulrich, Eclectic Medical Institute, Cincinnati, 1910, at his home in Truman, Minn., October 23, aged thirty-seven.

Preston, Ella Florence, Eclectic Medical College of the City of New York 1882, at her home in Danville, Ky., October 15, aged seventy.

Rice, Ray Howard, Bennett Medical College, Chicago, 1898, died at his home in Delevan, Wis., October 2, aged forty-four.

Severns, Benjamin F., Eclectic Medical Institute, Cincinnati, 1886, died at his home in Marion, O., September 24, aged sixty-nine.

Scollay, Maria Vincent Maxwell, Eclectic Medical College of the City of New York, 1896, died in Brooklyn, N. Y., September 3.

Southward, James D., Eclectic Medical Institute, Cincinnati, 1890, died at his home in Carey, O., August 6, 1918, aged fifty-seven.

Whitacre, Oscar C., Eclectic Medical Institute, Cincinnati, 1896, died at his home in Springfield, O., August 26, aged sixty-one.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

President's Appointments for Committees and Sections Session of 1919.

Auditing Committee.—J. D. McCann, M.D., Monticello, Ind.; W. S. Glenn, M.D., State College, Pennsylvania; A. W. Davidson, M.D., Poplar Bluff, Mo.

Committee on Propagation and Organization.—E. G. Sharp, M.D., Guthrie, Okla.; Simon L. Katzoff, M.D., Bridgeport, Conn.; W. P. Best, M.D., Indianapolis, Ind.; W. E. Kinnett, M.D., Peoria, Ill.

Committee on Arrangements and Entertainment.—R. J. Lambert, M.D., St. Charles, Ill.; Charles Woodward, M.D., Chicago, Ill.; F. E. Thornton, M.D., Chicago, Ill.; W. L. Schussler, M.D., Orland, Ill.; Adam Szwajkart, M.D., 3535 Diversey Boulevard, Chicago, Ill.

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Section II.—Materia Medica, Therapeutics and Pharmacology.—Chairman, Richard J. Lambert, M.D., St. Charles, Ill.; Vice Chairman, A. F. Stephens, M.D., St. Louis, Mo.; Secretary, W. E. Kinnett, M.D., Yorkville, Illinois.

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Section VII.—Obstetrics and Gynecology.—Chairman, T. D. Hollingsworth, M.D., Akron, O.; Vice Chairman, W. E. Daniel, M.D., Madison, S. Dak.; Secretary, M. M. Hamlin, M.D., St. Louis, Mo.

MISCELLANEOUS.

Wanted—The Old-fashioned Pharmacist.

Under the caption of "Wanted—The Old-Fashioned Doctor," the follow- editorial has recently appeared in the Philadelphia *Public Ledger*:

"As the shortage of doctors continues to make itself manifest in civilian life, it is being made clear to the most thoughtless that what the medical schools should turn out in greater numbers and what the country needs is the good, old-fashioned, all-around general practitioner. . . . .

"The medical educators, however, naturally are not blind to the situation, and to some of them what is happening will be viewed as a case of 'I told you so.' At all events, as all schools and colleges are looking to their methods with a view of determining their practical relation to the output, it would seem as if the medical schools are in need of some genius who will plan for them a system that will turn out more old-fashioned doctors and leave the necessary specialization to be carried on by relatively small groups of laboratory workers, while the doctors serve the community as a whole and on broad and general lines, applying the hospital and laboratory facts by the bedside, in the home and in the office as occasion calls for."

The shortage of the "good, old-fashioned, all-around general practitioner" is not only quantitative, by reason of fewer medical schools and fewer students, but qualitative, also, by reason of the extreme standardization of the medical sciences and art taught in the schools and the overspecialization of medical practice.

It is most desirable, of course, that every step be taken to prevent disease; but when disease is present, the patient does not care then to know how he got it or how he can avoid getting it again; what he wants to know is what relief he can get *now*. He is not particularly keen about being "an interest-

ing case" *only* to his physician. He wants something done, being of the opinion of Jacobi, that "those who die, die 100 per cent."

Some one has said that the medical profession has "run after false gods" and "fallen down on its job," that it does not get as successful clinical results as it did when drugs were more generally used (the death rate of pneumonia, for example, twenty-five years ago was 25 per cent.; today it is from 30 to 50 per cent.), and that, in consequence, the confidence of the public in physicians has become so weakened that Osteopathy, Christian Science and patent medicines particularly, have obtained their present widespread vogue.

But, whether this is true or not, the fact remains that thousands of years of clinical experience have shown that drugs, rightly used, have real possibilities of usefulness in clinical conditions. It may be that the results gotten can not always be explained with modern scientific exactitude—the individual drug reaction in the treatment of disease may be too variable to do so—but this does not justify the neglect of materia medica and drug therapeutics shown by many of the medical profession in recent years. . . .

The medical profession needs nothing today so much as to be born again in a new faith in a rational use of drugs for the treatment of disease, both to ensure and promote the growth and development of the science and art of medicine, and for the better preservation of the health and lives of the people. And when this is done, then the old-fashioned pharmacy and the old-fashioned pharmacist will again come into their own. God speed the day.—JOSEPH W. ENGLAND, PH.M., Philadelphia, Pa., in *American Druggist and Pharmaceutical Record*, July, 1918, pp. 28-29.

The Students' Army Training Corps.

On October 3, 1918, the War Department authorized the establishment of an active unit of the Students' Army Training Corps at the Eclectic Medical College (in conjunction with the Ohio College of Dental Surgery) for military drill. The combined unit is under the command of Lieutenants Dayson, and Parker and Rhodes.

Matriculates who are recent registrants under the Selective Service law are being examined physically by Local Draft Board No. 7 and were *inducted* into active service before November 1.

Former matriculates who were members of the Medical Enlisted Reserve Corps on inactive duty, and members of the Naval Reserve Force, were *transferred* to the S. A. T. C. also.

The government will then pay their tuition fees (for the remainder of the first nine months of the medical course), uniform them and provide maintenance (in the L. B. Harrison Club Hotel on West Seventh Street).

In addition, they will be entitled to a private's pay of $30 per month (The usual additional allowance to dependent wife or children of those married.)

The government requires that each student pursue forty-three hours medical work per week, including supervised study.

In addition, eight hours per week will be devoted to military drill, and three hours to the study of the military history of the war (including English).

The medical curriculum will be divided into four continuous courses of twelve weeks each (including examinations). A furlough may be granted every thirteenth week.

The exact time of admission of *new* students will be announced later.

Pre-medical students now enrolled in the S. A. T. C. in the Miami University (or other similar college) will be allowed to complete the prescribed course to July 1, providing they keep up with their studies.

The United States Government is certainly making liberal allowances to 150,000 young men in 600 colleges in providing an excellent education and *paying all the expenses* of those satisfactorily taking the prescribed courses.

In the *Eclectic Medical College* the government is practically giving a man an allowance of $700 for a definitely prescribed course of study.

We feel that all of our students who are fortunate enough to join our new S. A. T. C. unit will make the best of these new opportunities and fit themselves to be comissioned medical officers in the Army or Navy.

SCUDDER.

(U. S. Official War Films)

President Wilson, in a letter writen from the White House under date of September 16, says: "It was one of the most remarkable and one of the most satisfactory portrayals that we had seen of the great task which America has performed with such enthusiasm and in a fashioin which can not leave the results in doubt."

You have *read* about the war. You have *thought* about the war—and *talked* about it. You have cheered the boys who left your town to serve Uncle Sam.

Now you are going to *see* the war—as clearly as if you were over there yourself. You are going to understand America's part in the war, as no amount of reading, thinking, talking or cheering can possibly make you understand it!

"America's Answer" takes you right into the heart of the world conflict, and shows you how these American boys, we are so proud of, are helping to wipe out the cruel canker that is eating into the vitals of mankind.

The war becomes a real issue—the "official reports" in the newspapers are suddenly translated into actions that lift you bodily from your seat and make you cheer yourself hoarse.

You women who have men folks in France will specially welcome this opportunity to see "America's Answer." A Washington woman spoke for all the women of this nation when she said, "If they only would stop long enough for one to scan the faces, I feel sure that I would see my boy."

"America's Answer" is the greatest war picture ever shown on the screen. You can't afford to miss it.

COMMITTEE ON PUBLIC INFORMATION.

READING NOTICES.

An Ally Worthy of Confidence.—It is going on toward twenty years since Gray's Clycerine Tonic Comp. was first placed at the service of the medical profession. During all this period Gray's Glycerine Tonic Comp. has maintained the standards that first attracted attention and the busy practitioner has ever found it an ally worthy of confidence. It never disappoints and in the treatment of atonic conditions, particularly of the gastro-intestinal tract, it is often the one remedy that will produce tangible and satisfactory results. The physician ho does not use it in his practice is denying his patient of many benefits that can be obtained in no other way.

Bowel Inertia.—It is the tendency of Prunoids—not only to produce one or more movements following each dose, but to promote physiologic regularity of the bowels—that makes this remedy so much superior to "salts" or the laxative measures commonly employed. In simple words, the use of Prunoids means the rational treatment of bowel inertia—the activation of physiologic functions.

Insomnia.—From the standpoint of safety and efficiency of action there is no hypnotic or soporific more serviceable than Peacock's Bromides. Two or four teaspoonfuls given an hour or so before retiring usually produces a natural, restful sleep of six to eight hours' duration from which the patient awakens refreshed and invigorated.

Prostatic Troubles.—In the prastatic troubles of men who are nearing or passing the meridian of life, as well as symptoms that are its concomitant, as difficult urination, sexual decline and premature decay, Sanmetto is an indicated remedy. It is a remedy par excellence for these affections which befall men after the age of fifty. It is also a valuable remedy in case of ovarian and mammary affections in females. Sanmetto has been before the profession for a quarter of a century and has proved its right to stay. It is a soothing and building tonic to the reproductive organs and the mucous surfaces.

"Tongaline Tablets have given my wife quicker relief from rheumatism, with which she is frequently afflicted, than any other remedy. Tongaline Liquid is one of the principal ingredients in all my prescriptions for rheumatic and neuralgic complaints. Furthermore, I find it very efficacious for a rheumatic condition which I acquire as a result of exposure from riding."

Following Influenza.—Following influenza the bodily resisting forces are much impaired and the patient falls an easy victim to its complications. This fact points clearly to the need for a concentrated tissue food such as cod liver oil. The use of Cord. Ext. Ol. Morhuæ Comp. (Hagee) in every case of influenza, during and following the attack, is logical, since it offers the patient additional nourishment and fortifies the system against complications and chronicity.

The advantages of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is that while it supplies every property of cod liver oil, it is palatable and never obtionable.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOL. X. CINCINNATI, MARCH, 1919. No. 3.

LARGE CYST OF THE KIDNEY.

H. H. HELBING, M.D., ST. LOUIS, MO.

These growths are very rare and statistics to prove this fact taken from an article by John H. Cunningham, M.D., in "Surgery, Gynecology and Obstetrics" for December, 1916, will be quoted. "That they are rare is seen from Morris' report of 2,610 autopsies at the Middlesex Hospital, London, in which series there are recorded five cases. In 4,250 autopsies at the Boston City Hospital and Long Island Hospital, Boston, I have been able to find but thirty-four instances of the type of cyst under consideration. From the literature it is found that Israel encountered but one instance in 297 surgical affections of the kidneys. Simon in 1906 could find but fifty-two cases, and Brin in 1911 added but one more case. Aside from these series, single cases have been recorded by Recamier, Blake, Zaccarini, Sarkissiantz and Fowler; Giuliani reported two cases, one containing blood and the other serum, and Brockenheimer records a cyst which he removed from a horseshoe kidney."

The case which I wish to present is the more remarkable because the growth co-existed with pregnancy and the woman went to full term and was delivered without any trouble by Dr. Stephens, who is to present a paper on this subject, so that I will not dwell upon this phase of the case. Suffice it to say that I have never seen recorded a case of this kind, which makes it a rare one indeed.

Upon looking at this lady you would judge her to be about eight months pregnant from the size of her abdomen. The growth filled the entire abdominal cavity and pelvis, and, as was the case in all the large kidney cysts on record, we made a wrong diagnosis. We took this to be ovarian cyst. There were no symptoms pointing to a wrong of the kidney nor had there ever been. Previous growths of this nature have been mistaken for ovarian tumors, enlarged gall bladder, etc. The only possible way a diagnosis might be made is by pyelography, renal function tests and ureter catheterization. But in a case like this where there are no symptoms referable to the kidney one would naturally overlook that possibility.

Dr. Cunningham says that these large cysts are probably due to some undiscovered obstruction in the uriniferous tubules with a continued ex-

cretion of urine. They are generally unilateral and are considered by those who have studied the subject to be large retention cysts.

We took this patient to the hospital for operation one week after her baby was born. We made a central incision in the abdomen and upon introducing our hand we found that it was not an ovarian tumor, for the bowels were attached to the left side and it was not connected to the uterus. The colon was pushed over to the left side and it was seen that the cyst was retroperitoneal, so we naturally concluded that it must be attached to the right kidney, which proved to be the case.

We made an incision over the cyst parallel to and about two inches from the colon, the incision being horizontal, after which we dissected off the peritoneal covering from the cyst, and upon dissecting upward toward the kidney we found that the organ itself was so much distended as to lose all the semblance to a kidney but was globular in shape and filled the right quadrant of the abdominal cavity. It was readily seen that its function was completely destroyed and that the urinary function had been compensated by the other kidney, which was normal; therefore we did not hesitate to remove it entire.

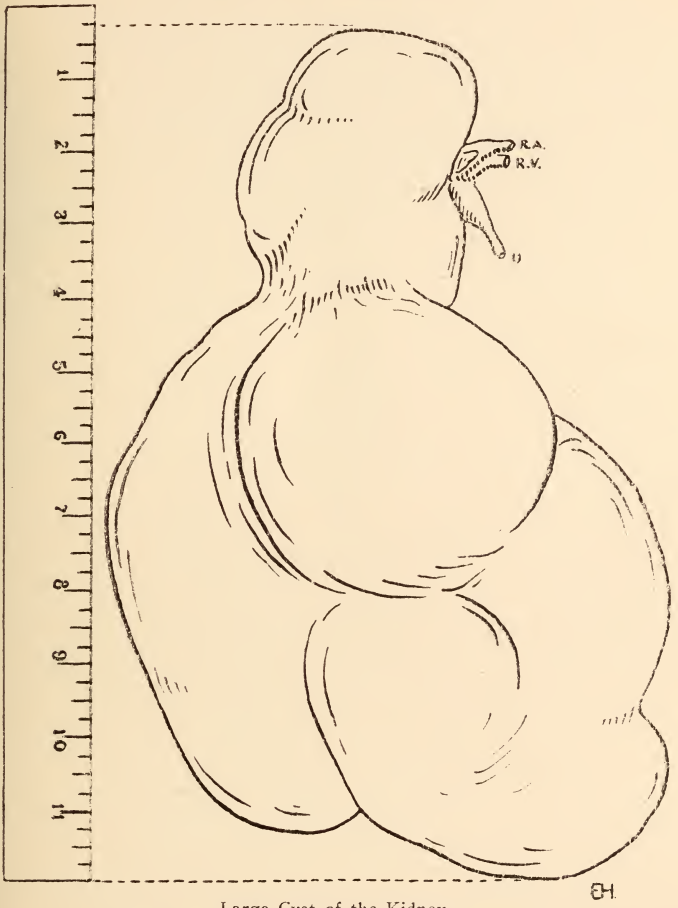
In cases where we have reason to believe that the kidney still functions, or where the other kidney may be affected, it behooves us to endeavor to preserve the kidney by conservative methods. These consist in enucleating the cyst from the kidney and closing the point of separation from the kidney by mattress sutures, or by bringing up the edges of the wall of the cystic kidney and stitching them to the wound, thus creating a fistulous tract which is expected to close spontaneously.

It was impossible to enucleate this cyst without partially emptying it. We succeeded in catching twelve and one-half pints of fluid and supposed that as much more was wasted. After removing the growth the peritoneal layer formerly covering the growth was stitched, leaving a rubber drain from the retro-peritoneal cavity through the flank. The stitching of the peritoneum restored the colon to its normal position and left the peritoneal cavity free of all raw surfaces; however, for fear the peritoneal cavity had been infected by the spilling of some of the contents of the cyst, a rubber drain was also placed in the abdominal wound.

The specific gravity of the fluid contents of the cyst was 1,010 alkaline and had an ammoniacal odor and contained albumen.

The quantity of urine passed in twenty-four hours for the first few days was twenty-five ounces. The specific gravity of the urine following the operation was 1,030, alkaline, contained albumen and slight motile bacteria, also contained ammonia urates and triple phosphates. Her temperature ranged from 99.8 to 100.4.

Three weeks after the operation she was passing fifty ounces of urine; it was acid and contained no albumen. The wound in the flank was still draining, but she was allowed to sit up. She made a smooth recovery and is now well and strong. As regards results in cases of this nature, Dr. Cunningham says that in Tuffier's series of twenty-four cases eleven



Large Cyst of the Kidney.
R. A., renal artery; R. V., renal vein; U, ureter.

died following nephrectomy. Quenu records five deaths in seven nephrectomies and Legars seven deaths in sixteen patients so treated. Of course where the kidney is removed the prognosis is more unfavorable.

There might be some question in our minds as to which is the best route to adopt in operations upon the kidney. Unquestionably the posterior or retro-peritoneal route is the best in all cases except large cysts, in which case I am of the opinion the anterior route is better,

judging by the ease in which this cyst was enucleated. I am more confirmed in this since I saw a large sero-purulent cyst of the kidney removed at the City Hospital in St. Louis this year and the very great difficulty and long time consumed getting the growth out through the posterior incision. There is a question in my mind whether the increased length of time consumed, the necessity of resecting ribs and inability to expose the renal vessels for ligation, does not outweigh the danger of infecting the peritoneal cavity, which is the only drawback that I can see when adopting the anterior route. We may, however, encounter difficulties bythis route, as the following case, reported by Dr. Cunningham, well illustrates:

"Operation January 14, 1907, upon a female nurse, age 29 years. A median incision extending from the umbilicus downward almost to the symphysis. Inspection showed that the pelvis could not be entered and that the tumor mass was behind the peritoneum. The incision was extended upward almost to the ensiform. Through this extensive incision the inspection of the abdomen showed that the peritoneum had been elevated almost to the abdominal parietes and that all the small intestines had been crowded to the left side of the abdominal cavity. The stomach had been forced upward, and the transverse colon was so flattened by retroperitoneal pressure that it could hardly be distinguished. The retroperitoneal mass occupied the whole retroperitoneal space from beneath the liver downward, filling the pelvis, and was more prominent on right side than on left. An incision was made parallel with the transverse colon about one inch above the superior border, which brought the incision about the midpoint of the abdominal cavity. The peritoneum was stripped upward and the cyst tapped, with the escape of over two bucketfuls of a blood-tinged serous fluid. The sac was then separated from the peritoneum in front and could be freed entirely from the left side of the abdomen, but was fixed at the lower pole of the right kidney, where it formed a sac-like insertion. The sac was divided at this point, and the dissection carried downward, separation being easy until the brim of the pelvis was reached. The sac could not be separated from the sigmoid or lateral walls of the pelvis. In order to have freer access to the pelvis an incision paralled with the transverse colon at a point one inch below its inferior border was made, but the pelvic portion of the sac could not be removed; the sac was therefore cut off slightly above the brim of the pelvis, purse-stringed, and brought to the lower portion of the abdominal wound, where it was sewed to the peritoneal edges of the transverse colon and caught to the psoas muscle by four interrupted catgut sutures, thus closing the retroperitoneal space and fastening the peritoneum to the underlying structures. The abdomen was closed, except for a space at a point over the transverse colon where a large wick was placed, and for the area where the sac was brought to the surface at the lower end of the wound.

"On the fourteenth day after the operation a piece of gangrenous intestine presented in the wound, which was drawn out and found to be the transverse colon. This piece of gut measured fourteen inches and apparently sloughed out from lack of blood supply as we feared it might at the time of the operation. The patient continued to improve in general condition and feces to escape freely through the wound.

"Six weeks following the operation, and while consideration was being given to the method of re-establishing the continuity of the intestinal canal, the patient had a movement by rectum. Movements by rectum continued to take place, and the fecal discharge from the wound began to decrease, and at the end of twelve weeks there remained but a small sinus from which a seropurulent material escaped, and all the feces were passed per anus. The sac had previously become obliterated, having been treated by occasional injections of iodine.

"The patient made frequent requests for an operation which would cure the sinus. These were persistently refused, and, on her own initiative, without my knowledge, she consulted Dr. John T. Bottomly, who undertook the task at the Carney Hospital on March 20, 1909. The patient died three days later of a general peritonitis."

ETIOLOGY AND DIAGNOSIS OF DEMENTIA PRECOX.

T. D. Adlerman, A.B., M.D., Brooklyn, N. Y.

I am requested by the chairman of this section to present a short, nonexhaustive paper on the etiology and diagnosis of dementia precox. The writer's task in complying with this request is a very difficult one, as in the entire field of psychiatry there is no more complicated, less comprehensible, less understood, no more mysterious, no more interesting, and no more baffling defect of psychosis than dementia precox; and, had it been in my power, I certainly would have changed this name, as dementia precox, or precocious dementia, does not fully cover the field under which are classified certain types of youthful psychic defects. However, as is perhaps right, as Galen said, that the name itself of any disease is not so very important, we will not discuss this particular part of it.

I will not devote very much space to the history of dementia precox, though a short review may prove of some interest to all. Very little can be found in the early writings of Hippocrates and Asclepiades, who we rightly consider as the first authors in psychiatry, though it is quite possible that the description made by Hippocrates of certain peculiar deteriorations have been the early cases of dementia precox.

In English literature we first find Willis, the English anatomist, who, in speaking of types that he named as stupidious idiocy, imbecility, was really dealing with cases which we now classify as dementia precox. The more recent history of dementia precox concerns itself mainly with

the works of Kahlbaum, Kraepelin and Haeckel. Kraepelin's description of dementia precox places him in the ranks of the greatest psychiatrists of modern times. It was Kraepelin who pointed out and described features which are common to such a great number of the so-called terminal dements, and the great picture he drew gave a correct estimation of a very large number of cases which formerly were doubtful or uncertain with regard to classification, as well as to outcome.

What is dementia precox? If we will bear in mind that the relation of this disease to puberty can not be denied, we will be tempted very much to use the characteristic phrase of the French writers when speaking of dementia precox, and that is, "stranded on the rocks of puberty," and if you therefore consider it as a defect psychosis beginning in early life, during puberty or in young manhood and womanhood, and if you will add to it that it is characterized by a progressive deterioration in intelligence and by a more or less marked enfeeblement of mind as well as by an ever increasing apathy and peculiar stupidity, by catalepsy, negativism, mutism, impulsive actions, as well as delusions of a depressed or grandiose nature, as well as distinct hallucinations, we will arrive at a definition which I think will cover the subject.

If we all agree that puberty and adolescence are the most trying and dangerous periods in the evolution of the higher cerebral association fibers, it would seem that in the entering of sex and reproductive power and energy from the potential into the active state, brings a distinct liability or susceptibility to diseases of the mind entirely unknown before. So important are these changes at puberty in the physiological epoch in the life of the boy or girl that we are surprised that we do not find insanity even more common at this time. There seems to be, however, a certain safeguard here, in that the insanity of puberty is always a very strongly hereditary insanity, and only very few cases will occur where there is not a family tendency either towards mental defect or towards some other neurosis.

Ziehen and Kraepelin make claim that about 80 per cent. of all dementia precox cases show some sort of family history, and physical stigmata of degeneration are sure to be found in just as many cases.

Some few years ago Krauss, working in the Heidelberg clinics, found as high as 93 per cent. of heredity taint in dementia precox in the very immediate ancestry, both paternal and maternal. A defective heredity is therefore a prominent predisposing cause. Child-bearing, acute illness, injuries to the head and confinement in prisons seem to act as exciting causes. My own observations lead me to state that three elements are most emphatic in the ancestry of dementia precox: Dementia precox itself, alcohol, abnormal personality. Pathologically we deal with an actual injury to the cortical cells, causing a destruction of the cells, and the origin and development of the disease itself is best explained by an autointoxication arising in connection with processes going on in the sexual organs.

To describe to you now all the types and forms that are met with in dementia precox would require more time and labor that I can give to it just at present, and it would also be more than you would probably care to listen to. I will therefore take up the three great divisions of dementia precox: (1) The hebephrenic type; (2) the katatonic type; (3) the paranoid type. All other forms that you may meet with either belong to or run into one or the other of the three above mentioned divisions, or they may constitute one of the numerous sub-branches or secondary forms, so to speak.

In speaking of the symptoms and diagnosis, we must first mention the so-called signs of predementia precox which were first described by Smith Ely Jellife. By taking heed of little things it is quite possible to conserve in some degree an individual who otherwise would pass to complete destruction, and, in order to do so, more and better attention must be given by the general practitioner to certain signs appearing at puberty. The boundless imaginations, the different, varied illusions, the self-consciousness must all be guided into proper channels. Such children are very often nervous, showing disturbances in sleep, have night terrors, accompanied by cries, and apparent hallucinatory influences. If to those things are added strong sexual excitement, excessive reactions to emotional causes, a continual dissatisfaction, imperative ideas and imperative actions, such a child ought to receive your very careful attention, as this predementia state is one of very grave importance.

There is no doubt that many diagnoses of dementia are decided and made on the ground of a rule of thumb principle. This danger ought to be, and can be, obviated by taking a different view of what diagnosis in mental diseases really means. As a rule a diagnosis usually does justice only to one part of the facts. In psychiatry a one-word diagnosis will always fall short of presenting the actual facts in the case.

We must, of course, first remember that the conception of dementia precox is a designation of a prospective deterioration. Hallucinations or illusions are very common, especially in the acute and subacute conditions. Consciousness is clear throughout in many cases, and the simple perception of external impressions is a little impaired, but the faculty of attention is regularly subjected to serious disturbances. The most prominent symptom is the failure of interest. Though the patient perceives what takes place around him, he contemplates all with the greatest indifference. There seems to be a strongly marked retardation in the flow of thought, so that ideas are associated with difficulty and often so united that no connecting link can be established in any way whatever.

While delusions of a depressed character, melancholy and hypochondriacal ideas are ever present in the early stage, grandiose ideas will develop later in conjunction with the depressed ideas or will often replace them, and here it is, of course, necessary to be careful and not mistake

it for paralytic dementia. The failure of interest is very peculiar. The patient feels neither joy nor sadness; he is quite indifferent to relatives or friends, to pleasure, pain, fears, or desires, to daily comforts, insensitive to injuries and only the presence of food seems to arouse some interest in him. Impulsive actions, silly and senseless, automatic impulses which are reiterated over and over again. The patient either repeats the same words over and over again, or moves his hands to and fro, or assumes attitudes for hours and hours. Negativism is here a very singular symptom. The will always seems to be retarded, blocked and overcome by a counter-incentive.

Among the physical disorders of dementia precox we meet with attacks of syncope, epileptiform, apoplectiform, localized spasms, choreiform movements, exaggerated reflexes, increased salivary secretions, vasomotor disorders, diffuse enlargements of the thyroid glands, emaciation in the acute and subacute stages, and the rapid increase in weight in the later stages.

Among the three divisions of dementia precox, the katatonic form is the most interesting, and is distinguished by a peculiar condition of stupor and excitement, with symptoms of negativism and a termination in a peculiar kind of dementia. The onset of this type is usually subacute and the symptoms resemble the hebephrenic type. In this type there is a marked tendency to assume peculiar attitudes, such as to lay with arms extended in the form of a cross or holding the arms in very awkward positions. There is a tendency in this form to perform rhythmical movements, as rolling continually the head from side to side, or a constant flow of expectoration. Sooner or later the katatonic stupor and excitement come on. The former is marked by negativism; they refuse to speak, will not obey commands. When addressed they will stare at some distinct, distant object, pay no attention to you or to your questions and every effort made to draw the attention will be resisted. Positions will be maintained for hours, days and months. Painful irritations will cause no response. If the patient walks, he walks alone and in a peculiar manner, either on his toes or on the outer side of his feet with body bent forward, and repeating some word again and again. Excitement may develop any time, clothing will be torn, furniture smashed; they become noisy, they will strike themselves, commit assaults, and become very filthy in their daily habits. Sexual excitement becomes intense. Any question given them will be answered in the most foolish way: Did you sleep well? Ans. This is one great night. How do you feel just now? Ans. You look like a chicken. Have you any pains? Ans. This room is all red. Hallucinations may develop, mostly of hearing and sight. Voices are heard which criticise their looks; they see their dear relatives long passed away; pictures on the wall will appear in many different shapes, and then they commence to fabricate. The patient has just returned from the gardens of Eden, heaven, or from some far distant country, thousands of miles away.

Memory gradually becomes impaired, judgment defective, and no mental work of any kind can be performed. Hypersuggestibility will be present in some cases, alternating with negativism. The course of this form is to dementia of a more or less profound type.

The hebephrenic type is manifested chiefly by simple enfeeblement of the mind, and appears either as an acute or subacute psychosis. It begins with a period of depression or sadness, during which suicidal attempts are made. The patients talk about their sufferings, and in order to awaken interest in themselves they will try and simulate different disorders. Most of these cases will develop prior to twenty-five years, starting at puberty, and constitute about 60 per cent. of dementia precox cases.

The paranoid type of dementia precox may be divided into two divisions, one in which the persecutory and grandiose ideas and moderate excitement predominate, and the second group in which fantastic delusions, hallucinations and illusions come up strongly and terminate in general confusion. The delusions and hallucinations in this form will persist for years. There is more or less rapid mental deterioration, while consciousness remains clear. This form of dementia precox comprises about 22 per cent. of all dementia precox cases. As a rule the paranoid form is preceded by symptoms of the hebephrenic type, when hallucinations of hearing will develop; they hear voices calling them the most vile names; they become restless, full of agitation, develop suicidal and homicidal tendencies, imagine they are persons of note, celebrities, and these are mingled with ideas of persecution. Orientation is disturbed, speech difficult; increased sexual excitement is very common.

In the second group of paranoid dementia precox, they all present a picture of despondency, with self-accusations and systematized delusions of persecution appearing. Many symptoms of dementia precox resemble other mental disorders. The early stages of the hebephrenic form resemble neurasthenia. The evidence of dementia, the general silliness, emotional apathy, evidence of hallucinations, automatism, appear in dementia precox, and are not found in neurasthenia. Cases occurring in the late life resemble paresis in its early stages, but hallucinations, mannerism and silliness are not symptoms of paresis. An increased number of lymphocytes is found in the cerebro-spinal fluid of paresis, and not in dementia precox. Katatonia may resemble epileptic insanity. The history of a number of preceding convulsions favor epilepsy. In epileptiform insanity the tendency to violence is very marked. Kattonic stupor differs from manic stupor by the presence of apparent negativism due to irritation in the latter, orientation is not impaired, movements are logical and not planless. Dementia precox is differentiated from hysterical insanity by the absence of hallucination in most of the hysterical cases, neither are delusions present.

Since dementia precox is essentially a psychosis of youth and adolescence, most of the cases starting between the years of 18 and 28,

this should be the first thought in any psychosis at this stage of life, as this age practically excludes such forms of insanity as paresis, involution melancholia, true paranoia, which does not develop till after thirty years of life.

ETIOLOGY OF HYSTERIA.

W. E. Postle, M.D., Shepard, O.

Hysteria is classed by nearly all writers of text-books as a psychoneurosis, yet nearly all agree that it has its cause and basis in a mental defect and should properly be classed as a psychosis with nervous disturbances. There is a lack of mental stability and self-control; a liability to emotional outbursts and susceptibility to suggestion; a yearning and morbid desire for sympathy, and there is selfishness and self-centered thought. Fear is a prominent symptom. Here, as in all mental disturbances, we find an unproper association of ideas. The patient does not reason and come to logical conclusions; therefore her acts are not rational. Freud traces all hysterical manifestations to mental processes. He traces these morbid ideas to the sexual sphere and connects them with sensations or experiences of shame, fear, modesty or some perversion of these emotions.

Others writers agree that while the sexual sphere of ideas and sensations may in many cases be responsible for the hysterical state, there are other causes that act independently of this group and produce the mental and nervous disturbances accompanying an outburst of the attack.

Writers agree that a mental defect is the basic cause of hysteria. We speak of this defect as an hysterical temperament. This temperament is the permanent mental state of the patient. No process of treatment can possibly overcome temperament, either hysterical or otherwise. With this base there are at times manifested certain nervous disturbances characteristic of the disease. At such times, as one writer puts it, there is a state in which morbid ideas control the body and produce morbid changes in its functions.

In considering the etiology of hysteria we find all writers agreeing that heredity is the great basic cause, or, as we say, the hysterical patient inherits this temperament. This, of course, does not explain anything about the why and wherefore. The child can only inherit a susceptibility to a disease; it can not inherit the disease itself; it must be developed by influences, environment and education of the child. It is said that all women, and most men, have the hysterical temperament. If this be true, then it is evident that something more than temperament must be responsible for the outbreak of the hysterical symptoms, since most women, and a large majority of men, are comparatively free from hysterical attacks.

The usual causes assigned by writers are those of an emotional nature, such as shock, fright, accident and fear; yet it is well known that in most cases of hysteria there is no connection between the attack and these so-called causes, except in very mild cases, such as an attack of uncontrollable laughter, or weeping or other emotional outbursts. It would certainly seem that the basic cause for hysteria arises from the mental instability of the patient and to the influences that have surrounded the patient through the early years of life.

The interest recently taken in the mental defective and the study of the child mind has shown to what a great extent child minds differ in mental power and susceptibility for training and education. It also shows, through practical experiments, how much can be done by education and environment; not in the reformation of bad habits once thoroughly established, but in prevention of their development. A child with bad parentage and vicious surroundings can not develop good character, but placed in good surroundings and with proper training, such children develop into well-behaved, orderly children only when taken in hand at an early age.

We might learn a lesson from these experiments in the training of all children, in their home life as well as their school life. There is too much of the emotional and mentally exhausting element in our education as well as in our recreations. Children are not taught self-restraint and self-control, nor are they taught to practice unselfishness towards each other. There is too much of a tendency to teach one to be sure he is getting all that is coming to him, or, in other words, to look out for his own interests first of all. This naturally engenders selfishness, which is one of the strong characteristics of hysteria.

The sensational books and magazines, found in such abundance, can certainly have no real good influence on any mind, especially the child mind. These, with the moving picture show, too often awake in the child emotionalism to a far greater degree than is consistent with the child's mental good. Another practice indulged in with children is that of maintaining discipline through fear. Threats of severe punishment can have no other than a bad effect upon the child mind, and let this be carried to a harmful extent and there may be done a mental injury which the child will never entirely overcome. Another pernicious practice is the telling of stories whose principal attraction is their frightfulness. Ghost stories, stories of dangerous animals, or stories of accident and peril, by means of which the child interest is aroused to an intense pitch and fear and apprehensions are awakened to such an extent that the child is afraid through his waking hours and troubled with terrifying dreams in his sleep. Let these influences be placed around the child with a pronounced hysterical temperament, i. e., the telling of horrible, morbid and fearful stories, the reading of pernicious, cheap literature, the seeing of improper moving picture shows, the unhappy environment of a home dominated and controlled by an ugly and unreasonable temper

—I say, let all these influences be thrown around the nervous, instable child, and how can we expect her to grow into a sensible, well balanced, self-controlled woman? Hers must be a strong mind indeed if she can grow to perfect womanhood without some of the stigmata of her early environment and training.

I believe that the true developmental causes of hysteria are the environment, the early education and training, both at home and at school, of the individual through childhood and youth. How can we expect any girl or boy to come to the years of maturity possessing mental poise or balance, self-control, unselfishness and all the good qualities of character without ever having had the opportunity to learn them? Why is our treatment of hysteria so often an absolute failure, so often the stigmata of the disease remain for months, for years, or even for life, or, at best, are not cured by medical science? It is because we do not begin at the root of the matter. We do not teach the patient self-control, self-reliance or self-confidence; we do not teach them, or possibly can not teach them, to practice just common sense. We fail because we do not get control of their mental processes, and, without this, few cures are possible.

Christian science has demonstrated that this is the process by which hysteria can be overcome. We do not believe in their errors or in their reasoning, but we can not dispute their results. They succeed in some of these cases because their treatment is a mental treatment, their cure is a mental cure; they teach the patient self-control, self-reliance, forgetfulness of self and selfish interests. They teach a determination to be well and to seem well, and to ignore all sympathy and solicitous interest. The patient recovers because she believes herself to be well. Her disease was only a sick belief.

In conclusion I would say I believe the etiology of hysteria to be properly classed as follows: The hysterical temperament develops into actual hysteria by a defective education and training. Under the stress and strain of everyday life the hysterical temperament breaks down more easily owing to its non-stability. The usual cares and worries and sicknesses show an effect upon the mentality of the patient, not found in other temperaments. The girl or boy with the marked hysterical temperament is inclined to emotionalism, to sentimentality, and receives deeper and more lasting impressions along these lines than other children; therefore their education should have more careful oversight, their amusements be more carefully selected, their reading and entertainment be more closely watched.

There is too much of sentimentality and emotionalism in our modern day child life. Our literature is full of it and much of it is to be seen at the almost universally patronized picture show. Whether we can ever hope to control this matter in any great degree is, of course, a question; but the fact, I believe, remains that these things do have a bad effect upon the mind and temperament of the nervous child, and it would be

well for the medical profession to call the attention of teachers and parents to the pernicious effect of these things on the minds of their children. And, also, it would be well for the physician to keep these causes in mind in the treatment of hysteria.

LOCOMOTOR ATAXIA.

C. L. Sturdevant, M.D., Atkinson, Nebr.

In coming before this society with an article upon the etiology, symptoms and diagnosis of locomotor ataxia I feel acutely my inability to add too, or give additional information as to the causes, symptoms and diagnosis of this disorder. Fortunately or unfortunately I have come in contact with very few tabetics, but what cases have come under my care without exception have given a lues venera and excessive sexual indulgence histories. I believe all agree that the causes above mentioned cover a very large percentage of all cases encountered, and while some of our text-books assign great physical exertion and exposure to severe cold as exciting causes, and that sex, age and race are predisposing causes, being much more common in the male than the female, and that the white races are affected more often than the colored, and Gentiles more than the Jew.

The symptoms are usually divided into three stages, preataxic, ataxic and paralytic, and while there are few patients that show a routine symptomatic development, this is undoubtedly due to the localization of the primary lesion in different parts of the spinal cord.

The preataxic symptoms are severe pain of stabbing, cutting or piercing character, usually in the lower extremities, though they may occur in any part of the body, are of very short duration and occur at irregular intervals. Ocular symptoms are impaired vision, at times complete loss of sight, with the Argyll-Robertson pupils, and double vision. The bladder symptoms are often among the earliest symptoms complained of. the inability to empty the bladder completely causing a cystitis that is very distressing. These, with the loss of the knee-jerk (Westphal's symptom) constitute the principal symptoms of the preataxic stage.

The ataxic symptoms, the inco-ordination of movement, first appearing in the lower extremities, are first brought to our attention by the patient being unable to maintain the erect position without swaying, and in walking the body is thrown forward, the legs widely separated, and in advancing the feet are thrown outward and forward with a jerk and the patient is obliged to use a cane to assist in retaining his equilibrium. The inco-ordination of the upper extremities comes later, and the above with the sensory symptoms, areas of hyperesthesia or anesthesia, with the lightning like pains, and later the trophic changes that occur give us a picture that can hardly be misunderstood.

In the third, or paralytic stage, the patient is confined to the bed or chair, paralysis of the sphincters of the bladder and rectum, bed sores appear and general muscular atrophy.

INTRAPELVIC ADHESIONS: ETIOLOGY, SYMPTOMS AND TREATMENT.

B. Roswell Hubbard, M.D., Los Angeles, Cal.

Adhesions of the intrapelvic organs is a morbid condition frequently met with and constitutes one of the worst complications encountered in gynecological work and usually results from extensive inflammatory action, caused in most cases by septic infection following an abortion or an attack of gonorrhea, which provokes an active peritonitis or cellulitis.

Tumors in the pelvic cavity may also provoke adhesions by pressure and become adherent to adjacent organs, as the uterus, rectum, bladder, intestines and important nerves and blood-vessels. If the latter, there is great danger to structure in attempts at separation. The author has encountered cases where coils of extensive adherent intestines completely separated the pelvic organs from the abdominal cavity. In one case of this kind the mass of adherent intestines occluded the upper portion of the rectum, making it necessary to execute a colostomy.

Cysts and other forms of tumors developing within the broad ligaments are apt to become adhered to the ureter or uterine artery, making the attempt at dissection a dangerous procedure.

Except in cases of tumefactions of large size, there may not be any objective symptoms of note. Tenderness on pressure, a dragging sensation and often a stitch-like pain on exertion are the most prominent subjective symptoms mentioned by the patient. Constipation and aching in the lower limbs are also complained of in pronounced cases.

Treatment.—The treatment of this morbid condition by medicinal measures is not always satisfactory; temporary relief can be obtained in most cases, but the patient should be given to understand that remedial measures will not cure pronounced cases.

Post-operative adhesions can be much relieved by careful but efficient massage by one competent to execute this kind of work. Quite firm adhesions have been stretched and in some cases stretched by the hands of a practical masseur. The plan is well worthy a trial.

In the event of constipation some reputed laxative should be administered, liquid petrolatum or broken doses of sulphate of magnesia being preferred. The latter not only acts as a laxative, but the alkaline agent acts kindly on the kidneys, stimulating functional activity.

To relieve stitching pain, hot packs to the lower abdomen are both comforting and easy of application. Turpentine stupes applied to the abdomen are useful to assuage the stitching pain often experienced upon

physical exertion. Painting the lower abdomen with iodine often brings relief, but the staining of the skin is somewhat objectionable. Enemas of turpentine, glycerine and warm water often bring prompt relief, especially in cases of overdistended bowel with flatus or fecal matter. A suppository made after the following formula always brings prolonged relief. ℞. Ext. cannabis indica, ext. hyoscyami, aa, gr. ii; codeine, gr. x; cocoa butter q. s. to make suppositories No. 12. Sig. Use one at bedtime and during the day if in distress.

A laparotomy gives the only promise of a permanent cure in pronounced cases. By this means the adhesions can be broken up with the fingers if not too large, the thicker bands being divided with scissors between two ligatures. There is little risk to life if the operative work be executed by a skillful surgeon under our present knowledge of antiseptic surgery.

OBSTETRICAL SUGGESTIONS.

Chas. R. Lambert, M.D., St. Charles, Ill.

In 1914 I read a paper before this association giving a record of case histories of obstetrical work done during two years, hoping to stimulate others to keep a closer case history of their work so as to make definite reports to the association and in this manner have our reports based on absolute records.

In 1916 I made a second report covering four years. Since then I have found several physicians are following out the rule of keeping a close record and reporting their work. Some have followed a general scheme I followed, others have modified it some, and others have added to it with advantage, still others having their own original way. The main points that I considered worth keeping a record of will bear repeating, as follows: Father's name and age, mother's name and age, sex of child, the number of the child born to mother, weight of child at birth, hour born, date of birth, day, month and year; position of child or presentation, amount of hemorrhage, position of cord and size, delivery of placenta and condition of it, use of forceps, lacerations and how taken care of, medicines administered, how, when and results obtained; hours in labor, after condition and care of mother, remarks. If these case histories are compiled and a summary made every few years it will make an interesting study for all physicians doing that line of work and will astonish the keeper of the records.

I find in my records that I confined more primiparae at the age of 28 than any other age, with the ages 27, 24 and 22 being next in popularity for first baby. This appears that having babies early in life is not as popular as one would think. These figures would be changed by reports from other localities.

I find the idea that a great many more babies are born at night than

in the daytime has also been exaggerated, as I only had eighteen more born at night than in the day in a series of 300 consecutive births.

I find it quite common for a child to be born with the cord around the neck one or more times. One out of every six have occurred in practice, so that it has become a habit with me to hold the head back and slip my fingers down to the neck (to feel for the cord) as soon as the head passes the perineum.

I also think it necessary that a physician should determine the presentation as near as possible before delivery, as determining the position early should have a great influence on how the case is handled afterwards. Of course an L. O. A. (left occiput anterior) or R. O. A. (right occiput anterior) (I have had more R. O. A. than L. O. A) would make very little difference, but a brow, or L. O. P., or a breech, recognized early, would cause us to handle a case differently. So one of the first things I do when called to a case of labor is to scrub my hands thoroughly and use plenty of liquor cresolis compositus (lysol) solution, wash off the vulva and examine patient for presentation of child, for size and condition of mother (if not done before) and for dilation of cervix and progress of labor. If normal presentation and condition I allow nature to take her course. If not normal then I immediately get busy to correct the abnormal conditions found. Recently I was called to a case I had been expecting, found a breech engaged low down, third stage of labor, and with three pains after my arrival patient was delivered, breech, cord around body and neck and arms above head making delivery of head rather difficult. These cases are the ones that cause trouble to the inexperienced and the midwife.

A short while back I was called in consultation, not knowing what the case was until my arrival at the home. Imagine my surprise to find a physician, two nurses, one giving the anesthetic, the other assisting the physician, who was attempting to apply forceps and deliver a babe. I asked what the trouble was and he said he was unable to deliver without help. I asked the position, and he replied he thought it was normal, so I scrubbed, made examination, found breech presenting, full dilatation, but no engagement. So I reported to the physician in a whisper, and told him to bring down the feet and deliver podalic. (A sister of the patient was present and I did not care to betray the physician.) He made an attempt and said, "I can not feel any feet," so I delivered a nine-pound boy podalic with no trouble.

One other case illustrates the lack of knowledge. I had as a nurse on a case an old midwife, whom I instructed to call me when the patient (whom I saw at 9 p. m.) began having regular pains and signs of engagement of child in labor. At 9 p. m. the mother was having some preliminary pains with no thinning or dilatation of the cervix. At 9 a. m. next morning, not having heard from the case, I decided to call anyway. When I entered I found the patient having very severe pains every two or three minutes. I said, "Why did you not call me?" and

the midwife answered, "I have examined her a number of times since she began having these hard pains at 1 a. m., but the baby does not come down." So I immediately made an examination, and to my disgust found a left arm, left leg and the cord in the vagina, so wedged that I could not replace the arm, but managed to get the foot back, and the head then engaged with arm, and I delivered immediately in this position, not being able to keep the cord back. The child was blue, and died because the midwife could not or would not resuscitate the child while I checked a bad hemorrhage.

In this connection let me remark that we should educate women that child bearing is not an incident in life, but that they should have the proper care both by a well trained nurse and physician or in a well equipped maternity hospital. Too many physicians leave too much to nature and prefer to sit and smoke or sleep until nature delivers the child; then they tie the cord, await delivery of placenta, leave nurse to do everything else and they collect the small fee. They should be busy all the while they are on the case, do all they can to aid the mother, to help and relieve her pains, to keep things clean and sterile and then charge enough to pay for the time and energy spent.

The few sets of twins I have had are not instructive, except that the second baby usually is the hardest to resuscitate. I find that I use forceps less now than I did formerly, having used them only seven times in the last 100 cases, against twenty-nine in the 200 previously. This is partly accounted for by the use of pituitary liquid or extract and a little more conservation in the free use of the forceps. I have aided several cases by the use of one blade of the forceps on the perineum.

The use of pituitary liquid has been very satisfactory, as I have used almost exclusively one standard brand (P. D. & Co.'s pituitrin) in the last 100 cases and am now using only ½ c.c. where I previously used 1 c.c. I can do no better than to quote part of an article appearing in the June, 1918, Medical World, showing how I used pituitary liquid or extract.

"Pituitary liquid is used (first) in primiparae only when the head is beyond the spine and on the perineum, thus assuring free passage to the head. In multiparae it is used frequently even when the head is at the spine, no bad results having been seen in its use at this stage. The general results have been very satisfactory, and as a consequence of this therapy there has been a very considerable reduction in the use of forceps. Personally I do not care for pituitary liquid for post partum hemorrhage. I find that ergot hypodermically or by mouth far better, and then I use a little quinine for the lasting effects. Very often the removal of a clot of blood from the cervix or lower segment of the uterus will aid in checking a hemorrhage. I have also found it necessary to grasp the fundus through the abdominal walls and the cervix through the vagina until I got uterine contraction."

All perineal lacerations are attended to at once. I can not agree

with some who wait several hours or days before repairing. I do nothing for a cervical laceration at time of confinement unless I have my patient completely anesthetized and a bad laceration. I think the least amount of interference with the uterus at the time of labor the better off we are.

My experience has been that most of the slow labors have been in cases that the venox caseosum was very abundant, especially in the primiparae.

I have used stout binders on some cases with a pendulous abdomen and relaxed muscular walls and with a ventral hernia, with very good results. The use of chloroform has been of great service to me. I do not produce complete narcosis except in forceps cases, but do produce the first stage of chloroform narcosis in a great number of cases, especially those of very nervous type.

I use a slight traction on cord and pressure over fundus of uterus in delivering the placenta. This hastens the delivery and aids in uterine contraction. After giving a dose of ergot I have my nurse keep the fundus under pressure and slight massage while I examine the perineum and, if necessary, repair, then place a sterile pad over the vulva and apply tight abdominal binder, with a large pad under binder and over fundus of uterus. This aids in keeping the uterus contracted and also aids in contracting the abdominal muscles.

I apply hot wet pads, wrung out of hot water containing liquor cresolis compositus (lysol) to the vulva continuously after I have my patient on the delivery bed or table. I change pads every pain. I have three reasons for using these pads: First, the hot wet pad over perineum relieves the mother; second, the hot wet antiseptic solution being changed often sterilizes the vulva and surroundings; third, my changing the pad thoroughly sterilizes my hands.

I have one bag for obstetrical use only, and it is kept perfectly clean and packed ready to use at any time. When returning from a confinement, my office girl or nurse empties everything out, cleans the bag and replaces everything used, filling bottles, putting in clean towels and apron, cleaning Kelly pad, etc. Then the bag is all ready for the next case and I am prepared. All I need ask of the patient is to supply me with clean hot water and something to wrap the baby in. The bag is eighteen inches long, eight inches wide and eight inches deep and contains the following:

1 Sterilizer
1 Kelly pad
1 Operating apron
1 Syphon irrigator
1 Soft rubber catheter
1 Glass catheter case
1 Medicine dropper
3 Packages sterile sponges
3 Packages packings
3 Packages sterile dressings
2 Pair obstetric forceps (high and low)
Small package sterile cotton
Sterile iodoform gauze

1 Nail brush
1 Pair rubber gloves
Green soap
Vaseline
1 lb. chloroform and ether
Mask
¼ lb. ergot
25 Corrosive sublimate tablets
℥ii Boric acid (crystals and powder) (sterile)
Silver nitrate
25 Yards cord tape (sterile)
½ Dozen silk ligatures
Catgut
3 Needles (surgical or perineal)
1 Pair umbilical scissors
1 Pair surgical scissors
1 Nail cleaner
Razor
Safety pins
Spring scale
2 Gauze bandages
Baby powder
Liquor cresolis compositus (lysol)
℥ii Alcohol
¼ lb. olive oil
¼ lb. echinacea
℥i Lobelia (subculoyd)
Veratrum (subculoyd)
℥ii Whisky
2 Dozen quinine capsules (3 gr.)
½ Dozen towels
2 Small sterilizing pans (enamel) for hands and instruments
1 Needle holder
2 Artery forceps
2 Cord forceps
2 O. B. packages containing—
4 sterile pads
2 lap sponges 4x6 inches, 8 thicknesses of gauze
1 cord dressing
Pieces of gauze for washing baby's eyes and other uses
1 Pair obstetrical helps (Blankmeyer), Aransas Pass, Tex.
½ Dozen ampules pituitrin ½ c.c.
1 Hypodermic glass syringe and needles
25 Abbott's hypodermic tablets
Hypodermic tablets of morphine and strychnine
Small pocket medicine case containing a number of my favorite drugs

If in my suggestions I have inspired any one to better or improved work in their practice I will feel well repaid for my efforts in preparing this paper.

CALENDULA OFFICINALIS AS AN ANTISEPTIC AND GERMICIDE.

Wm. M. Gregory, M.D., Berea, O.

A reliable, concentrated fluid extract of calendula is one of the most efficient non-poisonous germicides and antiseptic remedies that has ever been discovered. In an experience of many years I have found it to be an absolutely sure germ killer, without any of the risk that always accompanies the use of bichloride of mercury or carbolic acid. It will be well right here to place particular emphasis upon the fact that the best concentrated fluid extract calendula must be used to get the results I speak of. A vast amount of calendula has been sold that had very little, if any, value, and when a doctor that had no experience

with the remedy got hold of a sample like this, and got no help from it, he was pretty sure to conclude that the remedy had been greatly overpraised. It takes considerable skill and a great deal of calendula to make a really good fluid extract, and some that I have seen put out by reputable drug houses was really no better than a calendula infusion.

The best fluid extract is so concentrated as to be about the consistency of maple sirup, and two ounces to the pint of boric acid solution will make a dressing strong enough for burns or lacerated wounds.

A long, long time ago, probably fifteen years at least, I read in some work on materia medica, "Calendula has been much used in domestic medicine. It is said that it promotes the healing of contused and lacerated wounds without suppuration," and I found the same statement, only made more positive, in another work shortly afterward Shortly after that I began to try out the remedy on the most badly contaminated lacerated wounds that I could find, such as come to a man from accidents in a stone quarry or on the railroad, where men often receive injuries that crush and lacerate the parts, and from that time until now I have never seen one drop of pus develop in any wound, however dirty, that was thoroughly dressed with reliable calendula.

It was a long time, however, before I had sense enough to ask myself the question, "Why can not pus germs live and thrive in a very dirty lacerated wound if calendula is used on it?" The answer is, because calendula is a very sure and certain germ killer. It has promptly killed every disease germ with which I have ever seen it brought in contact. We should always be like the man from Missouri, and ask ourselves why, in cases like this.

The great value of calendula in large and extensive burns should be mentioned with special emphasis. Where a burn dressed with linseed oil and lime water or carron oil will be covered with pus in two days, one dressed with calendula and boric solution will remain perfectly clean until it is entirely healed.

Besides its antiseptic and germicide qualities, calendula is the most quick acting and efficient remedy to relieve severe pain in lacerated wounds and severe burns that I have ever seen or ever heard of.

I think it likely that most men have seen, at some time or other, examples of injured knee joints wrecked and ruined by suppurative synovitis, or "pus in the knee." I know that during the time of my hospital service a great many cases of suppurative synovitis were brought to the institution for treatment, and some of them left the patient crippled for life. The knee joint is a most complicated affair, having twelve pairs of ligaments, and a high degree of inflammation becomes a very serious matter in this joint. You have to a marked degree the four classic symptoms of inflammation that your surgical pathology teacher used to lecture to you about, calor, tumor, rubor and dolor. First you have a great outpouring of blood serum, causing the joint to become greatly swollen. If this is not removed or re-absorbed it usually becomes puru-

lent in a short time. From my experience with this class of injuries I have found that with plenty of good fluid extract calendula, acetate of lead and hot water they can all be jugulated or aborted in their incipiency without allowing any effusion or swelling to take place.

Some time ago a young man working in one of our manufacturing establishments struck his knee hard against the sharp corner of a box. It pained him severely and kept swelling all the afternoon, and when he quit work he very foolishly walked home, about one mile. When he got there a most furious acute synovitis was well under way. When I saw it I told the patient's wife that she would have to be an expert twenty-four-hour-a-day surgical attendant for a short time. She said she could and would be one, and we immediately attacked the synovitis with hot compresses, very hot, wrung out of a solution of fluid extract calendula, acetate of lead, boric acid and hot water. About forty-eight hours of constant vigorous work of this kind gave us the upper hand of the acute synovitis completely, although we continued the treatment for some time longer. In about a week the patient was able to walk again with the support of an elastic bandage. Now this is the kind of a knee injury that will result in a wrecked and ruined knee joint if it does not have vigorous abortive treatment in the beginning. The calendula will do the good work every time if you use it as vigorously and efficiently as our boys are using the rifle over in France.

I have had the most prompt and uniform success in the treatment of erysipelas with a prescription containing calendula, acetate of lead, boric acid and water applied on compresses, especially the variety that is probably a mixed infection where a light red surface is interspersed with a great number of small pustules.

I presume that every physician has seen at some time cases of that particularly tormenting affliction, small boils forming in the nose. I have several times killed out in their infancy these little pests by using clear, undiluted calendula on a small cotton tampon. It must always be remembered that good calendula will kill every form of infectious cocci with which it is brought in contact, whether staphylococci, streptococci or any other kind.

One of the greatest victories I have ever won with calendula was the healing up, without a sign of stricture, of two very large ulcers in the urethra of a man who had used an imperfectly mixed solution of carbolic acid and thereby been severely burned.

If we could irrigate the most remote interstices of every punctured wound with a concentrated fluid extract of calendula I fully believe that tetanus would become an extinct disease, although I have no personal experience in this line. I do know most positively, however, that calendula has killed every kind of disease germ with which I ever brought it in contact. A remedy that will cause crushed and lacerated wounds contaminated with common dirt, coal dust and machine oil to heal up

promptly without a sign of pus formation is certainly a very good and active germicide and antiseptic.

For several years I have used a prescription containing equal parts of non-alcoholic calendula, non-alcoholic hydrastis and glycerine for purulent uterine catarrh or leucorrhea. Also for any inflammatory or catarrhal condition of the cervix or vagina. It has never failed to cure any condition of this kind unless it was caused by specific infection, and I have used it in some very foul and purulent cases of very long standing. As to whether it would cure a case of inflammation in these organs caused by the gonococcus I have no personal knowledge, never having used it in a case of the kind, but I should confidently expect that it would; for, as I said before, it has killed every kind of disease germ with which I have brought it in contact. In all ordinary cases a tablespoonful of the prescription added to a pint of hot water and used regularly as a douche is sufficient to effect a cure.

For most infected wounds of the hand, for which we have generally used a wet dressing of 1 to 1,000 bichloride of mercury, the calendula will stop the extension of the poison without running any risk of causing death of the skin from a strong mercurial solution.

For bad sprains of the ankle calendula, used in combination with acetate of lead and hot water, will alleviate pain and reduce swelling very rapidly. As we have very foolishly been satisfied to import our calendula flowers from Europe instead of raising them ourselves, the price of the drug is exceedingly high at the present time. With regard to supplying our own needs first, it is very much to be hoped that some of our people will develop the culture of calendula and hydrastis instead of producing ginseng for export to China.

DISCUSSION.

Dr. G. Strohbach (Cincinnati, O.): Is it ever used internally?

Dr. J. H. Jenkins (Rushmore, O.): It so happened that I came in contact with a case of tabetic ulcer of about five years' standing. There was a decided hematemesis, especially if the patient was doing heavy work. I put him on a diet, but it was hard to find a beneficial diet. There was only one thing that I remember that he could not eat, and that was an apple. He would eat the whole apple and then throw it up, but not until he had finished it. I used bismuth or hydrastis, one or the other, and then I used calendula, one dram in four ounces of water, and it cured him and he never has had any trouble since. I am satisfied he is cured.

Dr. O. S. Coffin (Indianapolis, Ind.): What preparation of calendula do you use? I have used some with negative results and was discouraged because of that. I would like to know where I can secure a reliable preparation.

Dr. W. M. Gregory: So far we have found two preparations in the northern part of the United States that we could use, and that is Lloyd's and Parke-Davis.

As to the internal use, I only know of one cure by its use internally. That woman I am sure had hepatic ulcer. She was nearly starved to death—for two weeks she had had only a teaspoonful of white of egg.

A long time after I should have thought of it I gave her calendula, and it stopped that burning and she got up. I think it is a very practical remedy for some very serious conditions of the alimentary canal.

As to the strength of calendula, two ounces of concentrated to fourteen ounces of boric acid solution is generally strong enough, especially with acetate of lead. Sometimes it takes it stronger, but that is strong enough for the ordinary sprain or burn.

PINCHED NERVES.

J. H. Hauck, M.D., Terre Haute, Ind.

In dealing with this subject I will say that I wish to treat it from the broad viewpoint. Formerly the term "pinched nerves" was thought to refer more especially to the region of the lower orifices. As time went on and more progress made and more enlightment came, a much broader view of this term came into vogue, until at present it is known to include the nerves as found pinched in any portion of the body. In the head region the nose comes in for its share of trouble through deflected nasal septum; where the turbinates encroach upon the surrounding tissue, nasal polypi, or any other condition found that would have undue pressure on the nerves. The tonsils may be enlarged in the throat; there may be adenoids present or a tongue-tie condition. There may be impacted teeth or teeth with pus-sacs, or growths within the buccal cavity. The eustachian tubes and middle ear may be in trouble due to inflammation or pressure. Sometimes puncture of ear drum seems necessary to relieve the pressure in the middle ear. Foreign bodies at any point cause trouble and should be removed.

In the region of the lower orifices there are several places where nerve pinchings play an important part. In the rectum there may be tumors, hemorrhoids or mere tightness or stricture, or there may be fissure, ulceration or inflammation, which conditions should be looked after for their relief. There may be laceration of perineum, laceration of os uteri, stricture or tightness of os uteri, so that there is improper or insufficient drainage. There may be endocervicitis or endometritis, which causes trouble through congestion. There may be a stricture or mere tightness of the urethra and it should be properly and gradually dilated; or there may be caruncles or small tumor masses at the uretral orifice which should be removed. The hood of the clitoris may be adhered and too tight, which condition should be corrected either by loosening up or by circumcision. The foreskin in the male likewise becomes adhered or too tight or too long and should be attended to. In dealing with these circumcisions be sure that in your after treatment you keep the parts apart so they will not re-adhere.

In the abdomen be sure that any bands of tissue are loosened that tend to produce intestinal kinks, stenosis, or narrowing of the lumen of the gut, or that ties them up so they will not be able to functionate

properly or have proper vermicular action. Tumors or foreign bodies that cause undue pressure should be removed. Sagging of any part should be taken care of.

Perfectly normal action of all the organs and parts of the body should be maintained and anything anywhere that causes any pinched condition of any part should be looked after and remedied; for anything that lessens the normal functioning of the body or any part of it tends to improper functioning and ill health.

SURGICAL TREATMENT OF THE TURBINATED BONES OF THE NOSE, WITH SPECIAL REFERENCE TO TREATMENT.

EMMETT V. BALL, M.D., ATLANTA, GA.

I shall not take much of your time to tell you the little I know about the turbinated bones; however, this much I am sure of—they are more important than generally given credit for.

There are only three places in which erectile tissue is found in the body; and these are the penis in the male, the clitoris in the female, the nipples of both and the inferior of the turbinated bones of the nose. I suppose that is why a bull or a boar will first get the erectile tissue in the nose standing before starting elsewhere. So you see right at the start that there is a close connection between the turbinated bodies and the reproductive system.

These bones are arranged in such a manner that the air whirls around and under them, and the inferior edge secretes a sticky mucus that causes dust, germs, etc., to adhere to them; therefore they prepare the air for the lungs.

The action of the secretion of these turbinated bodies is very peculiar. Germs removed from them, where they have become lodged, refuse to grow, yet they are not dead, but rendered inert. But germs taken from the scrapings just around the nostril will grow right along.

The blood-vessels in these bones are large, and when one goes from a warm room into cold air become engorged with blood which retards the air stream and moistens and warms it. And this faculty of the blood-vessels becoming enlarged is at the root of all our troubles with the turbinated bone.

If the mucous coverings of these bones become irritated from any cause, such as smoke, germs, dust, etc., they immediately become engorged with blood, and if the irritation is kept up the blood-vessels become permanently enlarged, thereby closing all the small ostea, or openings which drain all the air cells, and these cells becoming clogged with mucus sets up a chronic rhinitis and you have a case of catarrh.

In that case what shall we do? The answer has always been—remove the turbinated bones, so the patient can breathe and drain the air sinuses. All right, suppose we remove the bones, what are the re-

sults? The patient's nose is opened and he can breathe all o. k? But that does not end the matter. The patient soon returns and says his nose seems to be stopped up and is very dry; moreover, the throat is so dry that he can not wet it with water.

Now what is the trouble? You have simply removed the erectile tissue from the inferior edge of the bones, together with the glands that secrete the mucus that caused dust and foreign substance to adhere to the nasal cavity; also the glands that secrete a mucus that has just the right properties to keep the throat moist and comfortable. When the turbinates have been removed the air goes straight back to the pharynx without any whirl and the nose is so dry that the patient feels no air passing, so he begins to believe that he is not breathing through the nose, when the fact is it goes through too easy.

When a turbinated body will shrink down from an application of cocaine you have a hypertrophic condition; that is, the blood-vessels simply are enlarged. But if the bone fails to shrink from cocaine you have a hyperplastic condition; that is, an increase in the number of blood cells.

Now the whole treatment narrows down to the difficult task of removing enough of the turbinates to permit free passage of air and drainage and at the same time preserve those glands so necessary to the welfare of the nasal cavity and comfort of the patient. To tell you exactly how I do this will take up more of your time than I am allowed; moreover, I would need a model of the nasal cavity to demonstrate the exact location of these glands, for any rhinologist will tell you that the nasal cavity is very complicated. (I myself spent four years of hard study on the nasal cavity alone and made several plaster paris casts of it so as to fix it in my mind.) However, it can be done, but in a great many of these cases surgical interference can be avoided with the proper treatment. You must look closely to your patient's general condition, and of all the remedies used in local applications to the nose none are equal to nitrate of silver, in varying strengths, ranging from 5 to 25 per cent.

Patients often come to you and say they have a cold, and they can not account for it. They know that they have not exposed themselves, etc. The fact is they had the germs in those accessory nasal cells or sinuses and they have been guilty of some indiscretion that lowered their resistance and have given those germs a chance to get to work.

Now what would be the proper procedure in a case like this? Why, laboratory practice and theory says give him a dose of vaccine and all will be well. But will it?

My experience says the chances are no. The theory is good and seems to be correct, but somehow it does not work out, except in a very small percentage of the cases.

What did the State Board put our old school out of business for? Simply because we did not teach enough about germs and were not

equipped for it. Why were we not equipped for it? Because we thought we had a better way to treat disease.

We did have it, gentlemen. Look at the deaths from pneumonia in the different concentration camps of the army.

Why, if an Eclectic were to lose so large a percentage of his cases of pneumonia the others would want to lynch him.

They put the old school out of business, but they are paying for it even now, and in the future they will pay more. Our Creator says to man: "Go ahead, you can have anything you want; but be sure, some day, somewhere, somehow, you will pay for it all."

The representatives of the people destroyed our old college, an institution that had been turning out men to minister to humanity for seventy-five years or more, and now what is the result?

They must pay, first, in increased fees; second, in not being able to get a doctor when you want him quick, and, third, but by no means least, the loss to the people of Eclectic treatment that saves at least 90 per cent. of the people stricken with pneumonia and as good or better in nine-tenths of the other common diseases.

ECHINACEA.

C. S. Sackett, M.D., Charlotte, Mich.

After using echinacea more or less constantly for about twenty years, it has come to be one of the few remedies which I use almost daily, and much of the time I use it repeatedly each day. At first I used it sparingly, not often, and in small doses. I began to get skeptical as to its virtues. Results were not at all marked. One thing impressed me. That was that in no case did I discover any unpleasant or bad effect resulting from, or following, the use of it. Then I began to study the dose, both in the literature and in my practice. Then I began to give the indications for its use a more careful study.

Acute pus infections, suppurative and nonsuppurating, responded to its use rapidly when given in full doses. I use Lloyd's echinacea and Lloyd's echafolta.

Medical men were quite generally agreeing that most cases of rheumatism, neuralgia and other painful affections were the result of pus foci at some point. Now pus, when located, should be evacuated when possible. When the pus is not located, or can not be evacuated for reasons, then it must be combated as much as possible.

I reasoned from this that if echinacea will and does give such marked results in acute pus infections, then it can not fail to produce favorable results in many cases of subacute and chronic pus infections. Of course it will fail sometimes; but where it fails for me once, it succeeds for me many times.

In acute and chronic infections of any part of the respiratory tract

I find it a valuable remedy in many cases, for the reason that most if not all of these cases show a variety of pus infections.

Bacterial therapists recognize this, as they often recommend a mixed vaccine in the treatment of respiratory diseases.

In pneumonia, if the case is not aborted in the stage of acute hyperemia, I use it with a great deal of confidence.

In pleurisy and pleuropneumonia I almost never have an empyema result, and I believe this to be because of the use of echinacea, given early, before pus has begun to form in the pleura.

In acute erythematous tonsillitis echinacea will surely prevent suppuration if treatment is begun early.

In suppurative tonsillitis or quinsy it will shorten the period of convalescence very materially and will prevent metastasis.

In typhoid fever it is a positive aid in bringing the case to a favorable termination and a shortened convalescence.

I believe it to be a fact, that those physicians who use echinacea judiciously in typhoid fever almost never have a hemorrhage to contend with.

Punctured wounds and lacerations, such as occur in the shops, on the streets, and in and around stables, are very prone to result in pyemia. The early and persistent use of echinacea, internally and sometimes locally, is a very safe measure in the treatment of these injuries. It has saved many a member from amputation and restored it to usefulness.

This does not mean that surgical measures need never be resorted to; on the contrary, our modern aseptic surgery is a boon to the human family.

It is an excellent remedy to administer after operation for a suppurating and gangrenous appendicitis. I have begun its use as soon as possible after operation, and have not been disappointed in results. In erysipelas I use it with a great deal of confidence, both internally and as a topical remedy. I do not consider it a cure-all in any sense. It will not raise the dead, nor can it be depended upon to restore the moribund.

The administration of drugs or medicines to the sick is not an exact science, but an art; and he who would succeed in relieving the sick and curing diseases with medicine must be an artist.

ECHINACEA.

INDICATIONS CALLING FOR ITS USE IN INFECTIOUS AND CONTAGIOUS DISEASES, WITH METHODS OF ADMINISTRATION.

Wm. P. Best, M.D., Indianapolis, Ind.

It is somewhat difficult to write concisely of this remedy, for enthusiasm should in no way make up a part of a discussion of the actual

merits of a remedy. Yet this agent has been used in so many ways, in so many conditions and with such good results, in all cases except a very few, that we find it not easy to know where to begin and where to end, keeping in the background any undue statements, the latter possible from wide use of echinacea.

Echinacea is one of the most widely applicable of the nontoxic corrective remedies. Contagious and infectious diseases of many types show conditions, at some stage of the disturbance, when we depend on this remedy to aid in restoring normal functional activity.

The action of echinacea is not so much that of a direct or profound germicide as it is one of those agents upon which we may safely and positively depend to correct conditions which have permitted infection or conditions which permit the infection to develop to the distress and discomfort, many times danger, of the patient. This has proven to be true in the hands of so many clinicians that echinacea has come to occupy an enviable place in the esteem of many well qualified to observe and study the effect of remedies administered to the sick.

We have heretofore entertained the opinion that echinacea in some manner fortified the system against contagion or infectious materials or influences or in some way aided in their removal, and it has recently been proven by scientific investigation that under its influence phagocytosis is increased, thus establishing beyond question the action and remedial effect of the drug.

It seems that this, like other remedies, has a certain and limited, yet valuable and positive, field of action, yet if made use of in an indefinite way, with no regard to any but general conditions, or, in other words, carelessly prescribed, it may give rise to disappointment.

We find use for it—specific use—in many diseases, not because they are infectious or contagious, not because the disease is termed typhoid, diphtheria, scarlet fever, erysipelas or smallpox, but because during the course of the diseases mentioned, and many others, we may find conditions which this remedy will correct or will aid the patient to overcome.

We credit all practicing physicians with the ability to diagnose disease. We also find many who have some way by which they make use of carefully selected remedies which in their hands prove prompt and efficient, in short, specific, yet they deny specific drug activity because no one remedy has always cured any one disease.

Echinacea is not prescribed because of nosolomy, nor should any other remedy be so applied. Designating a disease "scarlet fever" does not by any manner of means suggest echinacea, or any other drug or remedy, unless the conditions which are present are such that the drug will specifically correct.

Bedside experience has proven many times that echinacea will produce certain results, curative, if certain manifestations are present in any case.

The observations of many physicians have given us the following condensed conditions or symptoms for the use of echinacea:

Septic conditions, pronounced or incipient, local or general. Tissues overwhelmed by infection, as shown by dark red or purplish discoloration of mucous membranes or tissues affected; accumulations of excreta, shown by a dark, dirty tongue; scant and heavily loaded urine; offensive odor of the person in general; scant and heavily loaded urine;

The conditions here mentioned suggest the remedy, and it acts specifically, promptly and with such results that faith in medicines is fortified, and we give this remedy with assurance because we know the results will follow if the medicine is fresh and properly made.

The above mentioned conditions suggest the use of this remedy in a list of diseases in which these manifestations most frequently develop. Angina, scarlatinal, diphtheroid, diphtheria, tonsillitis, septic adenitis, erysipelas, gangrene, typhoid fever, smallpox, scarlet fever, septicemia, uremia, puerperal septicemia, carbuncles, boils, tuberculosis, infected cuts or wounds.

In many conditions we apply the remedy locally and administer it internally. The usual dose internally is from two to thirty drops. Locally we apply it in from 25 to 50 per cent. solution or many times in the primary dressing full strength. The addition of glycerine in small amount will prevent rapid drying of the local application. The dressing on the wound or sore should be kept moist. In facial erysipelas a mask of gauze and cotton is applied and kept wet with echafolta, which is best for local use as it does not become gummy or ferment as will the specific or ordinary tincture of echinacea.

Its marked effect is best studied when exhibited alone, and those best acquainted with the remedy have no hesitancy in depending on it.

For cuts and punctured wounds there is no one remedy that is better, more protective or curative. After cleansing a wound it should be dressed and kept moistened as above described.

In the treatment of tuberculosis, especially of the pulmonary type, we have given from one to two drachms of echafolta intravenously alone or in combination with salicylic acid, salicylate of soda or inula helenium.

It is comforting to know that we can offer to the victims of this dread disease some relief from the depressing toxemia and stay the progress of the disease. We find some patients react very disagreeably to the intravenous use of echinacea. Chills, temperature and vomiting are the chief manifestations in patients in whom the remedy does not act kindly. This same effect is sometimes seen when echinacea is given by mouth, and it is not easy to determine if this is due to misuse of the remedy or to some manifestation of sensitization.

However, in some cases where the remedy acts unkindly when introduced into the veins, it may be given internally with satisfactory results. I have one tubercular patient now who takes echinacea and inula aa 3ii

to a four-ounce mixture, teaspoonful every three hours. This modifies the cough, lessens the expectoration, relieves the toxemia, allows fair nutrition and permits the patient to make a livelihood at cabinet making.

While there is probably no one remedy which will abort puerperal septicemia, yet we know of no one agent which will do as much. If localized infection develops abscess, the drainage of such is a surgical necessity, but the administration of the echinacea will encourage and facilitate the removal of the toxicity with or without the abscess.

Long continued use of echinacea has not, to my knowledge, developed any adverse symptoms when the patient has been in need of its long continued effect.

Recently it has been recommended to combat "primary or secondary infection by pus formers," which readily suggests a long list of conditions where the local and internal use of echinacea may do much good. In this same paper the writer feels assured that it may be used locally, internally, intravenously or by subdermal method with prompt and positive yet nontoxic effect or depressing results.

I can not forbear to add the report of H. T. Webster, M.D., of Oakland, Cal., who is a most careful and capable observer and a discreet writer, who in a recent article mentions echinacea as a remedy for the treatment of cerebro-spinal meningitis.

"The cases I am particularly referring to are marked, from the start, by adynamia. The pulse is feeble and slow, at least not accelerated; the temperature is hardly elevated above normal; the extremities are cold, and even the evidences of cerebral disturbance are erratic. Evidently here is some deeply seated overpowering malignancy, irresistible in its persistency, possessing a propensity to spend its force upon the cerebro-spinal meninges. Its danger lies not altogether in its overpowering malignancy, but also its persistency in spite of treatment.

"No remedy in our materia medica can compare with echinacea in the searching qualities manifested in the correction of blood poisoning. It is evidently a restorative to the blood of unequaled virtue, not only correcting, but improving the quality and energy of the circulating medium. In several cases of this kind I have been investigating the merits of echinacea and have become impressed very favorably with its efficacy. All my cases responded in a few days to the effect of the drug, and one promised to prove fatal before the use of the remedy was begun. I add a drachm of the specific medicine to four ounces of water and give a teaspoonful every hour. The headache, the flushing of the countenance and dizziness, as well as the feeling of prostration, soon subside. Proper nursing is all that is needed beside. I have just discharged a case treated with this remedy alone, from beginning to ending, which has lasted less than twelve days, and it was a pronounced case of the slow form of cerebro-spinal meningitis as it occurs here. I am not so sanguine as to believe it will cure every case; we are often

obliged to suffer the mortification of failure just when we imagine ourselves invincible."

ECHINACEA AND LOBELIA.

Finley Ellingwood, M.D., Chicago, Ill.

In studying the action of echinacea I have been led to compare many of its influences with those of lobelia. Old Dr. Baker, of Adrian, Mich., deceased, once told me that he had always had the best of success in the treatment of syphilis and he seldom used any other remedy except lobelia. Some side influences were met with other indicated remedies, but the main influence of the destruction of the germs of disease were met by lobelia.

The startling influence of lobelia upon the toxines of diphtheria and other toxines in which case its anti-spasmodic influence is not exercised, confirms the belief of some of the old fathers that it is a powerful alterative.

In the symposium we are now presenting concerning the action of echinacea, it will be observed that the influence of this remedy upon the toxines is much the same as that of lobelia. In fact, that there are very many influences between these two remedies that so closely parallel each that it would be difficult to distinguish between them.

It behooves us, therefore, to use these two remedies in combination, or conjointly in the treatment of diphtheria and of other dyscrasias, in order that we may determine if the combination would be practical and satisfactory or more highly beneficial than used alone.

I am inclined to believe that there will be found a sustaining synergistic influence that will increase the characteristic inherent potency, each of the other. The influence of lobelia upon the circulation is so frequently demanded when there is a prevalent infection, and the antitoxic influence of the echinacea is so important in the treatment of spasmodic conditions resulting from the infection, such as cerebrospinal meningitis, eclampsia and tetanus, that the similarity and probable benefit of a co-operative influence between the two seems to be without doubt.

In comparing the action of echinacea and lobelia, we would first consider echinacea in its marvelous power to destroy the germs of organic infection. This influence is probably the most important one possessed by echinacea, if it is not, indeed, the only one, all other influences being dependent upon this. (As compared with lobelia with reference to any antispasmodic properties it possesses, these are much more conspicuous in the lobelia than in the echinacea.) In fact, I am confident that, considered independent of the removal of the cause of spasm, echinacea possesses no profound antispasmodic properties. Convulsions often cease very promptly after using this remedy, but the *cessation* is due to

the destruction of the cause before the nerve irritation is sufficient to continue the convulsive manifestations independent of the presence of the cause.

The following are some of the conditions in which an antiseptic, antitoxic, anti-infectious agent alone is demanded, in which echinacea has been found a superior remedy. These are open sores, wounds, abscesses of all kinds, tibial ulcers, eczema, impetigo, tonsilitis, fevers of various characters of septic origin, measles, scarlet fever, smallpox, gangrene, hemorrhoids, cholera infantum; also certain bronchial conditions, especially bronchiectasis, mastitis, milk fever, milk sickness, ulceration of the mouth and tongue, pyorrhea, dyscrasias of various characters, pulmonary abscess, phlegmonous erysipelas, pellagra, anthrax, actinomycosis and septic metritis.

We should name diphtheria as of first importance in this list of conditions. If we were to decide alone, from the antitoxic influence of echinacea, but in the *laryngeal* form of diphtheria where a powerful antitoxic agent—an antiseptic agent with a profoundly relaxing influence—is demanded, lobelia is of first importance. In hundreds of cases it has exercised positively and most promptly its relaxant, antiseptic and profoundly restorative influence.

While theoretically echinacea is most definitely classed as of first importance in *diphtheria*, the startling results from the use of lobelia in this disease were so pronounced when first discovered that we have given the latter agent by far the most attention. Incidentally used by a great many physicians, echinacea has produced as satisfactory results in diphtheria as lobelia, but in its influence as a relaxing agent lobelia has a wider field in this disease even than echinacea, possessing, as we have stated, a powerfully antitoxic influence also. Its tonic or sustaining influence, when exercised independent of any depressing effect of the remedy, is so great as to place it on an equality in every particular with any other single agent. It is in this *synergistic influence* of these two agents, and I am asking this body to study them conjointly, and to give us the benefits of their observations.

In line with the dominating better known influence of lobelia—that of a relaxing or antispasmodic agent—it has been found especially valuable in angina, epilepsy, profound heat stroke, renal colic, bilious colic, strangulated hernia, urethral stricture, hysteria, membranous croup, asthma, pulmonary apoplexy, cerebral apoplexy, cardiac neuralgia and other convulsive conditions. In these we use lobelia alone usually, and yet with many of them *there is a high degree of autotoxemia* at some time present. This makes it possible to get a better result in these cases if echinacea be combined with the lobelia.

There is, however, as we all know, a third class of conditions, in which there is an immediate need for a remedy possessing both powerful antitoxic and antispasmodic properties *at the onset,* and it is in this class of conditions in which a combination of these two remedies, we are assured,

will serve its very best purposes. These conditions may be well called convulsive infections. The convulsion is the extreme manifestation of the condition, usually first occurring, but depending positively upon the immediate presence of a malignant infection which is a profound cerebro-spinal irritant. These diseases are tetanus, eclampsia, cerebro-spinal meningitis, hydrophobia, highly infectious bronchial asthma and the severer cases of cholera infantum; also strychnine poisoning. In all of these a profound antiseptic, or antitoxic agent, and actively antispasmodic remedies must be used simultaneously. There are some of the bites of poisonous snakes or insect stings which produce convulsions. In these cases two remedies are indicated. I am convinced that a thorough study of the united action of these two remedies will develop a knowledge that will enable us to handle these conditions in a manner superior by far than with the serums or the bacterins.

In studying the action of every suggested remedy commonly tried for the treatment of tetanus, I have found that but very few of them are directed to both of these important conditions, and wherever the treatment is directed to both the results are superior. Bacelli, of Italy, advised the used of carbolic acid by infection for tetanus where the toxines of the germs had not too actively caused the irritation of the nerve centers. The carbolic acid destroyed the toxic influence of a primary infection and the case recovered, but where there was sufficient irritation induced to cause the convulsive effect to be continued after the destruction of the primary germ, this would persist to a fatal termination. Our Dr. Matthew, in Illinois, gave twenty drops of gelsemium with every dose of carbolic acid. This was to induce the antitoxic and antispasmodic effect at the same time and relieve the nerve irritation. By this means he cured twelve consecutive cases. We have seen no better results than this, but those whom we have advised to use lobelia and echinacea in conjunction have had an equally favorable result, and we are confident that such results can be secured in all spasmodic infections.

Echinacea and lobelia deserve the thorough laboratory study and observations that are made concerning the action of the serums or bacterins, in order to determine the full physiological effect of these agents upon both the nervous system and upon the blood, as influenced by either or both of the remedies, to determine their influence on the leukocytes and upon influencing the proportion of the red and white cells, any stimulating influence upon phagocytosis, and the degree of influence.

DISCUSSION.

Dr. J. D. McCann (Monticello, Ind.): Dr. Ellingwood in his first discussion this morning spoke of writing of what we know in our general practice. I feel this way about it: What I know about echinacea I feel that everybody in this school knows as well as I do, and I do not want to rush into print about anything that they know so much about. I would like to cite one case. A small child playing along the river picked up one of these grab hooks in its foot, and, as you know, there is nothing that will

produce infection quicker than that, especially as it was one that had been lying on the bank for some time. The family brought her to the office, and I removed the hook with some difficulty and then injected pure echinacea into the wound. Of course, she went straight up, but that foot never got sore. And what it will do in that case it will do in any other case. It is one of the remedies that you can always depend on in your work.

Dr. H. W. Powers (Amherst, O.): Hearing these men express their confidence in the use of echinacea makes one feel that the authorities in Chicago have the wrong classification in regard to this remedy. Not long ago an article in the Journal of the American Medical Association said that echinacea was a remedy that in times past was recommended considerably by the Eclectic practice of medicine, but that on account of the lack of success they had had with it, it had practically gone out of use as a remedy. I would like to ask Dr. Ellingwood about its use when it is indicated in diphtheria or sore throat, where we want to use some preparation of iron—the mixture of iron and echinacea makes a preparation that rapidly turns dark and looks very bad. I wonder if there is any chemical action there that makes the echinacea and iron incompatible.

Dr. T. D. Hollingsworth (Akron, O.): I would like to call attention to the use of echinacea in puerperal infection. I have had some success with it. I have given as high as 10cc. of it, and I use the preparation that Merrell puts out because it is a non-alcoholic preparation.

Dr. W. W. Kinnett (Peoria, Ill.): Some time ago I had a case of gangrene referred to me, and I sent the man to the hospital and we amputated his leg above the knee. This was a man about seventy-five years old. Some of the physicians at the hospital told me I could not do anything with that, but I kept it filled with echinacea—poured it right in there. It stopped all of the trouble so far as extension of the gangrene was concerned.

As to puerperal septicemia, going by the door of a hospital I saw a patient in a room with three physicians working with her. She had puerperal septicemia and they all said she would die—that nothing could save her. I said to one of the physicians, "Have you any objection to my trying to see what I can do?" He had not, so I took his hypodermic syringe and used Lloyd's preparation of echinacea, the alcoholic preparation, five syringefuls in different parts of the body. In two hours I repeated it and then in two hours again, and then farther apart, and in ten days she was sitting up.

Dr. G. Strohbach: (Cincinnati): When I first began to read the literature on the subject it seemed to me that the claims were rather inclusive. The streptococcus is one of the commonest of the invading organisms of the human host. It is more common than tuberculosis. We all carry the streptococci at times. When a patient gets any acute disease, very shortly you have the streptococcus as a mixed infection. That is true in tuberculosis, syphilis, gonorrhea, diabetes, diphtheria and the pneumonias; in fact, lobar pneumonia is almost always a streptococcus infection. So when I read the literature I began to see why echinacea is used so widely, because no matter what disease you have you have a mixed streptococcus infection, and in my opinion echinacea is the remedy in a streptococcus disease.

To show you how the dominant school—of which I am a member, I am here by adoption—is doing this matter, a year ago a professor of materia medica in the University of Cincinnati, my alma mater, said to me that he believed he would study echinacea. I asked him if he realized what a job he was taking on, and he said he didn't know that there would be so much work, and I said to him, "You have at least one year's work when you begin to study echinacea."

It is a wide field, and its antitoxic properties are something that I can not understand yet.

As to the question of lobelia in diphtheria, the only data we have available is the work of Jensch. It has not been treated in a scientific volume at any time. I do not say we can not use lobelia, but I want to warn you not to use lobelia in any form of diphtheria unless you know just what you are going to do. The use of echinacea is quite another matter, but you must clearly differentiate between the Klebs-Loeffler bacillus and the streptococcus infection.

Dr. A. T. Rank (Cavett, O.): The theory of some of the leading doctors is that echinacea dissolves the enclosing capsules of the bacteria. I would like to know whether that has been carried any further.

Dr. Finley Ellingwood (Chicago): Has any person here used echinacea and lobelia in any combination at the same time hypodermically?

Dr. Richard J. Lambert (St. Charles, Ill.): Personally I have used it in diphtheria many times very successfully. In my college lecture work I tell my students that I used echinacea externally, internally and eternally. Lobelia acts as a relaxant, and echinacea as an antiseptic. I have had a number of cases of diphtheria where I used echinacea and lobelia and they all did better than where I used the antitoxine. I had two children in the same family. At first I was doubtful of my diagnosis, so for several days I kept the child on lobelia and echinacea. When the second child took down the first child was doing so well that I did not give it antitoxine. I gave the second child antitoxine as soon as the first was taken sick, two prophylactic doses. Another child took sick and died in a few hours; the one who had taken sick second recovered, but died later from post-diphtheritic paralysis, and the child who had had lobelia and echinacea without antitoxine got well. I do know one thing. That is that you can cut down on your amount of antitoxine if you use lobelia and echinacea. In the hospitals in Chicago when they give antitoxine 15,000 to 25,000 units is not an unusual dose, but you can cut that down if you use lobelia and echinacea.

In regard to writing about what you know, Dr. Ellingwood and the other doctor that spoke look at it from their different points of view. Every one imagines the other fellow knows as much as he does about a subject, and it is not true. If we know anything—it may be commonn knowledge to us—but you should write about it because there is probably some one else who does not know about it and it will help them. The world is full of doctors who do not know anything about the things that are common to us, and they would be glad to know of your experiences. So I say, write on the things you know, whether you think the other fellow knows about them or not.

Dr. S. M. Sherman (Columbus, O.): I had a child brought to me who had stepped on a rusty nail, and had punctured the tissue to such an extent that I was afraid of tetanus. I used lobelia and echinacea together hypodermically for several days, and although we did not have any tetanus I felt that perhaps I had done the right thing; at least I felt more comfortable for having used it.

Dr. Lambert: Dr. Strohbach, will you answer the question in regard to whether echinacea dissolves the enclosing capsule?

Dr. Strohbach: I can not answer that except that our own work proves it does that. The work of Jensch referred to was on a tubercule bacilli, not the streptococci. Jovling and Peterson found that the bacteria has its lipoid sheath and this must be punctured. As to how this takes place, this lipoid sheath around the bacteria is acted upon by the biochemical properties that dissolve fat. These ferments really create

a soap around the bacteria and this soap dissolves the fat, and then when you get that fatty envelope destroyed, you can attack the germ without difficulty. As to whether any other work has been done along that line I do not know, but this man in Cincinnati is working on it; but as I said to you, you have about a year's work on the problem.

Dr. T. D. Adlerman: Claims have been made in this association that echinacea destroys the streptococci found in puerperal septicemia. During the investigations made in regard to the use of echinacea in tuberculosis they found that it had no influence whatever. If echinacea destroys the streptococci in puerperal septicemia, why does it not destroy the streptococci in tuberculous cases. I can not understand why it does this in one case and not in another.

Dr. Richard J. Lambert: In regard to iron and echinacea, I think the tannin in echinacea would precipitate the iron.

In regard to patients who complain when you shoot echinacea into them, these alcoholic preparations will cause burning, but if you use the non-alcoholic they will not burn.

As to the preparation used, I want to say that I am lecturing in a regular college and I have to be careful what I say. I tell my students that no matter what preparations you use stick to that firm's preparation. There is as much difference in the manufacture of drugs as in the bread made by different women. Every woman will take the same formula and yet the bread she bakes will be very different. Do not use preparations indiscriminately and expect the same results. Each firm has its individuality.

As to Dr. Adlerman's question, I can not answer it correctly I would not agree that echinacea kills the streptococci. My opinion is that it stimulates the anti-bodies which overcome the effect of the streptococci.

In regard to the use of echinacea, if any one is skeptical about it, let him ask any manufacturing house, and they will tell you there is ten times as much of it used now as five years ago.

MORE LIGHT WANTED ON EPILEPSY.

J. J. Rizk, M.D., Waverly, Neb.

The subject which I selected to discuss with you at this hour has been the trouble of my life. It was my worst and only enemy in childhood, and a problem of no lesser evil in my manhood. It disturbed my rest in the cradle, and followed me to the playgrounds for a number of years, until I got rid of it by a miracle. And now it is a source of trouble to me in my daily practice, for which I am seeking more light.

I said that I got rid of it by a miracle; a miracle similar if not the same to that practiced by the Great Healer at the province of Galilee; because, after the profession had failed, the disease suddenly disappeared, to come again in the form of my patients. This, with several cases that came under my observation, led me to believe that the etiology and cure of epilepsy is still wanted; and it is also shown by the large amount of speculation and guesswork, as well as by the less conspicuous investigation, by men in various fields of medical research, all

of whom are striving to achieve the immortal fame which will come to him who solves this problem of centuries.

Epilepsy has been the subject of medical description in the early history. It was known to the ancient as the sacred disease. The term epilepsy, which means being seized upon, reminds us of several cases at the time of Christ who were seized upon by evil spirits and demons, and shows that epilepsy has been the problem and mystery of ages. It is today looked upon as a stigma, a mark of degeneration. It is considered heritable, directly or indirectly, and heredity plays a very important part in the causation of the disease. Arthritis, syphilis, phthisis, autointoxication, insanity, toxic agents, infectious diseases, head injuries, reflex irritation and neuroses are among the common causes of epilepsy. We are told that epilepsy is a manifestation of the imperfectly developed libido in persons of a psychosexually inferior make-up. A later theory asserted that epilepsy was a symptom of infection of the intestinal tract by a specific, probably gas forming bacillus. But all this, from the theory of heredity and down the line, is pure speculation in my judgment. Perhaps it has about as much truth in it as the companion speculation that some babies are born criminals. And so far the history of epilepsy is so dark and strewn with shattered ideas that the true light is still wanted, and the field is large for every one of us to be working.

I need not dwell on the subject from its different phases concerning its pathology, diagnosis and symptomatology. I wish to state to you some of my own experience in epilepsy, calling your attention briefly first to the late and widely differing ideas concerning epilepsy and its cure which continue to be offered to us from time to time.

More than twenty years ago a woman, Marie Bra, undertook a study of epileptics. She found in the blood of more than 70 per cent. of the patients a germ. She inoculated rabbits with the germ and gave them typical epilepsy and recovered the germ in their blood. She announced her finding to the profession. Experts failing to obtain the same disagreed with Bra. So she gave it up and married. Her bacillus epilepticus was then forgotten for many years, to be revived by the eminent Cincinnati surgeon, Dr. C. A. L. Reed, who about ten years ago began the surgical treatment of constipation, and in the course of his work he early encountered certain cases in which epilepsy occurred as a complication of constipation, and as a surgeon he had also many cases of intestinal stasis due to kinks, adhesions, ptosis and similar mechanical conditions. Several of these cases happened to be epileptics. These epileptics not only regained good health after the operation, but also recovered from their epilepsy.

In his experimental work he was assisted by a bacteriologist, who discovered an organism in the blood of epileptics that could not be found in the blood of nonepileptics. Injection of the germ into the blood of animals caused similar symptoms and was later recovered from the

blood. This made Dr. Reed come to the conclusion: (1) That epilepsy is caused by a specific infection, probably a bacillus of the gas forming series. (2) The infection is located in the intestinal canal, probably primarily in the duodenum, always finally in the colon, and may be superficial, intrafollicular or interstitial, or may, and in certain cases probably does, involve the blood as a propagating medium. (3) The infection seems to be made effective primarily through constipation of mechanical origin. (4) The relief of the mechanical cause of the constipation with restoration of bowel function results in the cure of epilepsy in cases in which the infection is probably superficial. (5) The principle of immunization holds good in the treatment of cases in which the infection obviously lies, in all of which autogenous vaccination may well be applied as a matter of routine.

Other conditions manifested in epileptics stimulated researches along different lines. Some investigators concluded that the disease was probably dependent upon absorption of poisons from the intestinal canal, that the stasis so commonly noted in epileptics was produced by disturbed ductless gland secretion, and the administration of a product of a ductless gland as pancreatin might be effective when surgical treatment is not advisable.

Others, impressed with the importance of the shortened coagulation time of the blood in epileptics, experimented with crotalin, which is known to prolong the coagulation time of the blood remarkably. It is stated that injection of crotalin diminishes acidosis and increases the white blood cells, conditions which are generally present in epileptics. They believed that these particular blood cells have much to do with antagonizing the poisons in the epileptic's circulation, and the action of crotalin has reduced the severity and frequency of seizures and in some cases accomplished a cure.

L. P. Clark, a New York neurologist, as he was perfecting himself in a psychoanalysis of epilepsy, told that there is something defective in the parent cell, and declared that epilepsy is a manifestation of the imperfectly developed libido in persons of psychosexually inferior make-up. With the impression that the real treatment of epilepsy is analytical, educational, hygienic, dietetic and medicinal.

The treatment of epilepsy by partial compression of both common carotids, advocated by some investigators, did not pass the experimental stage. And the bromide therapy with the allied drugs has done very little or nothing towards the cure of this terrible malady. Thus the cure as well as the etiology of epilepsy is yet in darkness and more light is still wanted.

I promised to state some of my own experience in epilepsy, not because I have a new theory to offer or claiming any credit to myself, but for the purpose of stimulating your thoughts to report your experiences in this line that we may receive more light from the discussion of this dreadful disease and be more ready and prepared to combat it.

Allow me, if you please, to say that a report of a mistake or a failure is as valuable to a fellow practitioner as a success.

Case 1. Mr. D. M., age 63, had nocturnal petit mal for fifteen years, which developed to grad mal before it was diagnosed. Was treated for dizziness and neuralgia. I treated him a short time for epilepsy, but failed to obtain results except to prolong the periods between the attacks by keeping the bowels active. Once a severe pain in the epigastric and right hypochondriac regions, accompanied with an epileptic seizure, called my attention to a thorough examination of the regions mentioned, and I found a cirrhosed liver, which by operation was corrected and a cure of epilepsy was accomplished.

Case 2. Mrs. P., age 27, complained of headaches and dizziness for several years and sought professional aid. She was told it was due to errors of refraction, and glasses were fiitted in vain. Again she was told it was due to a congested liver and bad stomach, and was put on diet, cathartics, cholagogues and anodynes without any benefit. Her condition grew worse, and she attempted to end her life. This case when it came to me was a typical case of epilepsy and the symptoms were of the grand mal type. Upon examination her condition revealed diseased ovaries and lacerated cervix, which, by the removal of the first and repair of the second, with a short course of treatment by corpora lutea and our uterine tonics, freed the woman from epilepsy.

Case 3. C. J., a boy of eight, became a victim of Bright's disease, with all the severe symptoms present; albumin abundant, dropsy and anasarca, vomiting very distressing and serious, hearing and sight affected and convulsion followed with uremic symptoms. All of these subsided in a short time by treatment and the boy for about six months felt as good as before. Suddenly he became the subject of epilepsy and grew from bad to worse. I used all drugs and remedies recommended in epilepsy from the bromides up and down the line, removed infected tonsils and corrected a paraphimosis, on the theory that reflex irritation might be the cause. All with no marked avail. The parents became disappointed and restless, sought the aid of the so-called specialists without any results. Eyes and teeth were thought to be the cause of his trouble. Osteopaths were sought and chiropractics were consulted, but condition grew worse. They finally returned to the home and family physician, and upon a careful study of the boy's condition I fould that the severity and occurrence of the seizures were very closely connected by the condition of the bowels. The more the bowels were constipated the more severe and closer were the attacks. I recommended an X-ray picture to be taken of the stomach and bowels, which was done, and after that I treated him for about six months, prescribing stomachics, laxatives, sedatives, anodynes and special diet, with some results but no cure. A second X-ray picture was taken, which, with the physical symptoms combined, convinced me that something wrong existed, for which I advised operation, and on May the 7th last the boy was operated on, re-

vealing a condition too numerous to describe. Adhesions, enlarged and congested liver, ptosis, infected appendix and constriction of the pyloric end of the stomach, all of which were surgically corrected, with some improvement at the present but the future still in the dark.

Case 4. Mrs. Mc., age 55, subject to epilepsy for years. Ovaries were removed when thought to be the cause of her trouble, with no benefit. Her condition became worse, and she was admitted to the Nebraska State Hospital for the Insane. Here, with all the modern equipment and care, no change in her condition resulted. A complete hysterectomy was performed there, and later she was discharged from the institution, but not as cured. On May last I was called to see her in one of her paroxysms. I made a thorough examination, including blood pressure, blood test, urinalysis, and X-ray pictures of the stomach and bowels were taken, revealing a leukocytosis, a horn-shaped stomach, with constant pain after meals in the gastric region. On June 1 a pyloroplastic operation was performed, finding constriction in the pylorus caused by an old ulcer. The woman is still in the hospital hoping for the best.

Can any more light be obtained on epilepsy? Can any more discoveries be added to the twentieth century by discovering the etiology and cure of epilepsy?

PLACENTA PREVIA.

C. M. Hazen, M.D., Titusville, Pa.

Placenta previa is the development of the placenta in part or wholly within the zone of dilatation of the cervix. It is said to occur ten times more frequently in multiparae than in primiparae. Authors vary in the figures given of frequency from one to 1,500 to one to 300.

Predisposing causes are chronic endometritis, sub-involution and twin pregnancies.

Active causes are: (a) Primary low insertion of ovum near internal os or on its edge; (b) development of placenta in the reflexa and its coming to lie over the os.

We are all more or less familiar with the symptoms. In a few words, "A painless, causeless, uterine hemorrhage in the last three months of pregnancy, is almost pathognomonic of placenta previa."

Diagnosis.—A correct diagnosis is not hard to make. A careful vaginal examination under strictest aseptic precautions will reveal to us the true diagnosis. In most cases the cervix is softer and more succulent than usual. Its canal more or less patulous, so that with little difficulty the finger is carried gently through the internal os and the sponge-like placental tissue will be felt between the fingers and the presenting part. Where the cervix is not patulous it should be dilated under anesthesia. This latter procedure may bring on premature labor, but the risk is quite justifiable.

Prognosis is always serious. Under expectant treatment Muller states the maternal mortality varies from 36 to 40 per cent., while for the children it was about 66 per cent., one-half of those born living succumbing within the first ten days. Other authorities give a much lower mortality. Some as low as 3.8 per cent. maternal and 55 per cent. for children. In private practice the mortality should be much below the maximum, as many of the institutional cases are moribund before treatment is begun.

Treatment.—Pregnancy should be terminated by the most conservative method as soon as possible after diagnosis is made, on account of the danger of profuse and unexpected hemorrhage. Treatment of each case must be differentiated in order to obtain the best results. DeLee lays down the following axioms: 1st. "A woman with placenta previa should not die except in very rare instances of air embolism, hemorrhagic diathesis, or spontaneous rupture of uterus. 2d. Every woman with placenta previa should be sent to a well equipped maternity hospital unless she is able to provide several physicians and nurses necessary in her own home. 3d. With two exceptions every pregnancy complicated with placenta previa should be terminated as soon as diagnosis is made. When bleeding is slight and when the child is very near viability one may temporize a few weeks if the patient will remain in bed in a good maternity hospital. We have to distinguish between maternity and private practice. The physician should not leave the patient after she is in labor." *Save blood* is the one thing to always have in mind. During labor, we have four objects to accomplish: first, stop hemorrhage; second, empty uterus; third, insure hemostasis; fourth, combat anemia.

The three methods of treatment are: Braxton-Hicks version, metreurysis and Caesarian section. In most cases the first method is preferable. Puncture the membranes and bring down a foot, compressing the placenta against the cervix, thus acting as a tampon; then leave the case to nature. Do not put traction on the leg unless there is oozing. After the version the case is under control. Do not hasten delivery, as that is dangerous to both mother and child. Salt solution intravenously may be necessary to replace the blood, or even the transfusion of blood. The second method, metreurysis, is the use of the rubber balloon to take the place of the breech in tamponing the cervix. A weight may be attached to the rubber bag. This method is used where the condition of the child and mother are good and it is not essential to deliver quickly.

Grasping the placenta and cervix together may be necessary to temporarily stop hemorrhage in either the institution of the Braxton-Hicks method or the balloon.

Caesarian section is the least often used and is preferable in a few cases, more especially in primiparaes with rigid cervices. When either vaginal or abdominal Caesarian are performed capable surgeons and plenty of assistants are necessary.

SENILE INSANITY.

F. S. Peck, M.D., Oklahoma City, Okla.

A certain degree of decay of the mental powers is a natural consequence of advanced age. It may, therefore, within certain limits, be considered a normal change. With the majority this amounts only to the loss of a certain power of mental assimilation for the events of today, with a constant reversion to those of youth and early middle life, which stands out in very clear perspective. To these infirmities are added a certain degree of forgetfulness and a loss of the power of logical constructiveness.

There are some who lose in virtue, and there are others who only lose some faults. Both conditions are due to a process of simplification of character. Some become petty, headstrong, selfish and tyrannous over persons whom they unfortunately have under control; they lose all feeling of affection, take a dislike to their own children, and deny them what they require. With the greatest tenacity they cling to their wealth and maintain their authority. They become selfish, and cease to take an interest in anything save what happens within their immediate surroundings. Others become overindulgent, overgenerous and childish in their simplicity. They have lost some of the baser passions. To this change of character may be added intellectual enfeeblement, particularly forgetfulness.

On the other hand, examples are constantly met with in which the mental faculties are maintained intact to a very late age. Therefore, old age of itself does not cause the mental infirmities with which it is so frequently associated. The subject of senile insanity must first of all be hereditarily predisposed to the psychosis or have arterial disease, or he must be the subject of syphilis, alcoholism—either acquired or hereditary—or some other conditions which act directly or indirectly upon the nervous system.

The first symptom of approaching dementia is almost always such a degree of loss of memory as to cause confusion about time and surroundings. There is a want of understanding of the general situation, a vacuous cheerfulness, delusions associated with a certain sense of illness, and, above all, a profound failure of attention to present impressions. Often there is a complete change of character and a lack of carefulness and tidiness in regard to personal appearance and habits, with finally a complete disregard of propriety and decency, the same as in other forms of advanced dementia.

Throughout this evolution of senile dementia the individual's own personality is always uppermost; his eating, drinking, difficulties of digestion, the daily altercations in his corporeal perceptions, good or bad, are always uppermost in his contracting mind, and the perpetual brooding over trivialities induces mild hypochondriacal and melancholic states. Events that do not directly concern himself, in his eyes, are

of no consequence. In his temperament he often shows a curious compound of silly mirth and tearful depression, mingled with increasing complaints of lack of attention received from those who should care for him in his old age.

Another common and characteristic symptom is the excitement or perversion of the sexual impulse, as a result of which gray-haired old men may make indecent assaults on children or suddenly fall in love with young girls. If they die soon afterwards their "vices" are held to be the cause, while really the whole history and their death was the result of subjective control.

Melancholic depression is by far the most common form of acute mental disturbance in old age. Delusions of personal unworthiness may occur, or that the patient has lost his property and destitution is approaching him. In other cases delusions of a religious nature predominate. Suicide in this state is more common than at any other single period of life. Melancholic indications in the aged are of serious moment, as they ordinarily mark the beginning of the period of active decay, ending in a more or less permanent dementia.

Mania in old age is far less common than melancholia, and is rarely severe. There is incessant motor excitement, the patient making continuous aimless movements. Incessant garrulity is another symptom, and hallucinations may occur. Erotic tendencies and revolting language are common. The tendency after prolonged excitement is towards dementia.

Of the various delusions that afflict the senile insane those of persecution are the most usual, and are an outcome of a certain well reorganized mistrust and suspicion. The enemies and persecutors may be members of the patient's own family. Cases have occurred where such delusions have led to disinheritance of children, and the apparent mental soundness on other points has defeated all attempts to upset the will and remedy the injustice. There is scarcely any foolish act that may not be committed by those suffering from some of the forms of incipient senile dementia. Patients of this kind often become the victims of designing women, and make silly marriages, to their own and other's disadvantage. The chief characteristic features are a weakened judgment, a lack of control of impulse, a childish caprice, and often a marked ethical insensibility. A few observations as to the mental capacity of a person at the time of making his will may be appropriate here.

The physician will have to see whether the patient fully understands what is put before him and can express assent or dissent with certainty, whether by articulate, written or gesture language. A man may make a valid will if he understands the nature of the act and its effects. He must know that he is agreeing to the disposition of his property after death. He must possess, at the time of executing his will, a memory sufficiently active to recall the nature and extent of his property and the persons who have claims upon his bounty, and a judgment and will

sufficiently free from the influence of morbid ideas or external control to determine the relative strength of those claims. A person may think correctly and sensibly, and may yet readily yield to inducements strongly presented to his feelings, giving way to outside influences. Sound-minded people may, and often do, ask advice in the final disposition of their property, and the result is very likely all the better for it. Such advice may be needed the more when the mind is weakened by nature or disease; but when thus obtained it is viewed by the law with suspicion, and the dominant question is, whether or not the testator has been subjected to undue influences, because, sound or unsound, strong or weak, his will must be his own will and not another's.

Defect of memory is a very serious bar to will-making, but if the person recognizes his loss of memory, and acts in a way consistent with his past expressed intentions, the will may be upheld. If the testator does not recollect the number of his children, or whether they are living or dead, he may easily make a revocable will, or there may be some loss of memory, leaving in him a false impression of the conduct of some person.

In cases following shock or injury, a partial defect of memory may interfere with due capacity.

Delusions are looked upon as very strong points against testamentary capacity; but unless the delusions have some direct bearing on the property, or on the relations of the testator to his friends, or to society, a jury will not pay much attention to them.

Besides loss of memory and the presence of delusions, we have to consider the various forms of weak-mindedness which are a bar to testamentary capacity, not only because of the mental deficiency of the testator, but because such feebled-minded persons are particularly subject to undue influences. The mental weakness may be due to previous attacks of insanity, or, in previously sane people, to apoplectic seizures, which generally leave some mental defect, besides depriving the patient in some cases of the capacity of speech.

As regards insanity, no one expects, of course, a person in the acute stage of mania to make a will. He would have no desire, nor would he be competent to make one.

The only question that can arise is as to the competency of a patient during a lucid interval of a few hours or days when the mind is restored more or less to its normal clearness. To the common eye, any remission in which the patient is tolerably calm after being violent, and answers a few questions rationally, seems like a lucid interval, but that the mind is absolutely sound and working normally during such remissions no expert would assert. We do not refer, of course, to the really lucid intervals of periodic insanity and the interval between relapses after apparent recoveries. All of these insane conditions are the result of the subjective control of the person—or a lack of control of the objective mind.

AUTO-TOXEMIA AS A CAUSE OF CHRONIC DISEASE.

Wm. M. Gregory, M.D., Berea, O.

It is always well to remember that auto-toxemia and auto-intoxication are not interchangeable terms. You may be slightly poisoned without being drunk. Auto-toxemias are of a boundless variety of shapes, forms and grades of severity, while auto-intoxications are of only a few forms, and are always liable to have a fatal termination, like puerperal eclampsia, diabetic and uremic coma.

What is an auto-toxin? Why, one of the waste products of digestion, absorbtion, assimiliation and metabolism, which must be eliminated from the body by means of the bowels, kidneys and skin, and which nature is sometimes unable to cast out. The number of auto-toxins that can be developed by conditions of imperfect elimination is enormous, and their multifarious methods of hindering the vital processes of the human body would give a man ample occupation for a long life of study. We do not seem to have named many of them, as yet, but uric acid and urea. Like most of the curative principles in the botanic materia medica, we know perfectly well what they will do, but have no names for them as yet. After a quarter of a century of the closest, most careful and constant observation and study of chronic diseases, I have found that about 90 per cent. of them are caused by auto-toxemia, and about 10 per cent. by specific germs.

One of the most vitally essential qualities that a physician can cultivate and develop is the ability to differentiate between a disease caused by morbid waste matter in the system and one caused by some pathogenic microbe. This is absolutely essential to doing the best work in this line, as the hired microscopists and pathologists in the employ of the great pharmaceutical companies are engaged in a most energetic advertising campaign, with the object of making innocent and credulous doctors believe that all chronic diseases are caused by germs. These men do not differentiate between arthritis, which is strictly a disease of germ origin, and rheumatism, which is the most typical auto-toxemia we have to deal with. To any man who has for years watched the onset of rheumatism, where elimination was very poor, and its rapid subsidence where elimination was improved, the attempt to treat rheumatism with serums and bacterins is pitiful and absurd. Within the last year I have had a "detail man," representing a large commercial laboratory, try to make me believe that the myriad bacteria of fermentation and decomposition that inhabit the human alimentary canal were "all disease germs," and he was a graduate of a reputable Eclectic medical college and should have known better.

Among our most common auto-toxemias we will find rheumatism, several varieties, especially inflammatory, and sciatic; sick-headache, dyspepsia, gallstone attacks, chronic congestion and inflammation of the liver, headache (especially occipital), and a vast number of unnamed conditions of pain, distress and disability caused by sluggish and defective action on the part

of the bowels, liver and kidneys. The one symptom of backache, when not caused by an injury, is one of the most common symptoms of auto-toxemia that we are asked to relieve. It is pretty sure evidence of the presence of uric acid and urea, and some of their pirate companions, in the system. Constipation almost always has some attention paid to it, but a regular but altogether insufficient action of the bowels often allows a person to get into a very serious condition of auto-toxemia while thinking that he is all right.

With regard to our success in relieving and preventing auto-toxemia, it is an exceedingly unfortunate thing that so many doctors are satisfied with any kind of a laxative that will produce any kind of a movement of the bowels. It seems to be thought sufficient by many men to stimulate the direct action of the bowels and the flow of urine from the kidneys, without remembering that the most dangerous auto-toxins that oppress the human body are not in the bowels or kidneys, and that in the most dangerous cases of auto-toxemia, nature, unaided, is absolutely unable to get them out of the body.

Doctors who practice advanced therapeutics should have more efficient eliminative remedies than laxative agents that have a merely mechanical action, like phenol-phthalein, or purified petroleum. If things like these are the best we have to offer the man whose auto-toxemia is making him miserable, he might just as well buy himself ten cents' worth of castor oil and not employ a physician at all. In order to render elimination normal we must stimulate the action of the glandular system of the body, and use remedies that throw off the greatest possible amount of body waste. Each laxative we give our patients should be a definite medical prescription, carefully planned and devised to produce the highest possible degree of elimination. The best article of this kind that I have been able to find is a pill called the gastro-hepatic pill. Its contents are podophyllin, aloin, hydrastis, leptandrin, gamboge and capsicum. This pill has action in a way not usually expected of a laxative, in that it is very useful to remove residues and remainders of undigested food from the stomach. Its contents being purely vegetable, and containing no strong alkaloids, it can be taken every day in the year if necessary, and I can assure the gentlemen of the Association that it is the most frightfully destructive of medical practice of any remedy or prescription that I have discovered in a quarter of a century. It is the most successful device to keep people from getting sick that I have ever heard of since I first entered the doors of a medical college. Verily, when the medical world wants anything at all worth while, in the line of preventive and eliminative medicine, they have to turn to nature's laboratory for some of her natural blood medicines.

In some cases patients do not seem to have a normal degree of peristaltic action in the alimentary canal, and for these people a good, strong prescription in liquid form of specific podophyllum pelt., nux vomica, hydrastis and iris is very useful.

One of the most common auto-toxemias that we have to deal with is the regularly recurring sick-headache, and we have here an excellent chance to show what modern advanced therapeutics is capable of doing, with our

specific gelsemium, veratrum and iris, for the attack, and our natural sodium salicylate, taken in hot water, and our gastro-hepatic pills by way of preventative.

The ordinary sick-headache is one of the toxemias that may be called strictly a uric acid disease, and the five-grain powders of natural sodium salicylate, taken in plenty of hot water, will be found a powerful agency to prevent its recurrence.

The recurring attacks of gall-stone colic, from which many people suffer excruciatingly, are a fine example of an auto-toxemia caused by an insufficiency of fluids in the system. I do not think that any one of us will ever live long enough to see any individual attacked by gall-stone colic who is a free and copious water drinker. It is evaporated, thickened and inspissated bile that begins to crystalize in the form of cholesterin stones. We should always remember that many patients that do not have hard cholesterin stones suffer terribly from attacks of acute pain caused by the passage of partially formed stones, or plugs of inspissated bile. For all troubles caused by gall stones, or thickened bile, the specific chionanthus is the best and most efficient remedy ever brought into use. It thins the bile so positively and thoroughly, that by using it intelligently and persistently you can practically insure your patient against a recurrence. It is always best to reinforce its action by the addition of chelidonium, podophyllum and veratrum.

For that form of auto-toxemia caused by passive or chronic congestion of the liver, and whose principal marking symptom is a constant dull pain on the right side and under the right shoulder-blade, the specific chelidonium, assisted by bryonia, gelsemium and veratrum is our best helper. A form of auto-toxemia that causes an engorged, tender and sore liver is a condition that often complicates severe attacks of rheumatism and stomach trouble, and is overlooked by the attending physician, very much to the detriment of his chances of making a cure. In a case like this, no matter what other medicine you may be using, be sure to get in specific bryonia, gelsemium and veratrum.

In every case of acute rheumatism, of whatever kind, whether inflammatory or sciatic, or in the form of acute bronchial asthma, you are going to have to help nature re-establish normal elimination before you will make a good and quick cure. Of course, you will show your raising by making the most expert use of specific bryonia, gelsemium, veratrum, rhus tox, pulsatilla, cimicifuga, etc., but you must also take energetic measures to send all those auto-toxins that caused the trouble on their way out of the system. Here your specific iris, and your natural sodium salicylate, taken with plenty of water, will do excellent eliminative work.

Always remember that each and every rheumatism patient is a human being oppressed by a multitude of auto-toxins, and it is up to you, as an apostle of advanced therapeutics, to use such agents as will get them out of the system as rapidly as possible. The uric acid and the urea are the captains of the band of pirates, but there are a multitude of other toxins working in company with them. You absolutely must re-establish normal elimi-

nation before you can get your patient well. You are practically sure to need specific apocynum to help set going normal elimination of urinary solids, and you are altogether likely to need specific podophyllum pelt. and chionanthus to help you make the liver do its part toward aiding the outgoing shipments of uric acid and urea. Where you find, as you sometimes will, a patient who, owing to idiosyncrasy, can not take any salicylates whatever, you can often get good eliminative action out of the old-fashioned remedy, tincture of guaiacum.

After a quarter of a century of the most careful observation and study, I have no hesitation in saying that I consider specific podophyllum peltatum, iris versicolor and apocynum cannabinum easily the leaders in all forms of auto-toxemia caused by defective action of the liver and kidneys.

As I mentioned bronchial asthma in connection with rheumatism, where it belongs, I should not let this opportunity pass to mention that I have always found liberal dosage of specific hyocyamus and lobelia very helpful in relieving the acute attack.

Besides general or systemic auto-toxemias, we are often asked to treat mild or local toxemias which are sometimes exceedingly stubborn. I have seen an erythema, or itching, which had refused to yield to a great many kinds of medication, disappear at once after the patient took a few ordinary sulphur tablets. I have seen the worst case of blepharitis marginalis, or suppuration of the margins of the eyelids, that I ever saw in my life, completely cured in one week by taking specific pulsatilla, when an expert oculist had tried in vain to cure the case with yellow oxide of mercury ointment.

It would be wrong to conclude an article on the consequences of auto-toxemia without making particular reference to what may well be called the great American ailment, caused by years of undiscovered and unsuspected defective elimination. I allude to high blood pressure, either with or without atheromatous arteries. In men and women over forty-five years old I think that the slow, insidious but constant poisoning of the system, that inevitably leads to high blood pressure, is to blame for more total breakdowns in health and premature shortening of life than any other form of auto-toxemia that I have ever observed. In our own calling large numbers of the best men we have ever had in the profession have been stricken down in the midst of their usefulness by cerebral hemorrhage, a direct consequence of high blood pressure. I wish to place particular emphasis upon the fact that we, who are the apostles of advanced therapeutics, are the only men in the profession that are doing anything really worth while for the relief of high blood pressure. The ability to give prompt relief to the condition itself, by the skillful use of specific veratrum, gelsemium, crataegus and cactus, and to the slow, constant auto-toxemia that caused it, by constant use of the gastro-hepatic pills, is unfortunately lacking in the great mass of the medical profession. Within a comparatively short time I have found a doctor who was a graduate of one of the largest Eastern universities, prescribing nitroglycerin for a middle-aged lady relative of mine who had very high blood pressure and a marked auto-toxemia. Another man, a graduate of the same

college, I found still later prescribing strophanthus and digitalis for a relative, a man of sixty-four, with very high blood pressure and seriously threatened with cerebral hemorrhage. Upon those of us who are of the initiated, the inner circle, the apostles of advanced therapeutics, a great duty is laid: To teach the profession and the laity to get back to nature; to teach the profession to use nature's remedies from the vegetable kingdom, and the laity to begin ten years beforehand to guard against high blood pressure by getting out into the open more and exercise their muscles enough to get up a good perspiration and assist nature to throw off the toxins.

DISCUSSION.

Dr. J. E. G. Waddington (Detroit): The paper says that you should have exercise in these cases; that is so, but it is very hard to get these people to exercise, and in some cases impossible. There is one thing that has been used with great success in these cases of auto-toxemia, and that is the sinusoidal current. You can give a current down as low as eighteen a minute, and then follow that up by a higher current. You are simply getting them away from the drug habit, and that is what is the cause of constipation, which is really the seat of two-thirds of the toxemias.

Dr. O. S. Coffin (Indianapolis): I want to compliment the essayist on his paper, and in regard to the auto-toxemias, I feel that while we have learned much in the last few years in regard to what poison will do in the system, yet there is much for us to find out yet. I think there is a rich field there for investigation. We have many diseases about which we are now in the dark, and when they are thoroughly studied I believe they will be traced to auto-toxemia. I think they should be studied more than they have been up to this time.

Dr. W. S. Sherman (Columbus, Ohio): In regard to high blood pressure, I believe if we were careful to keep the bowels regular and take a moderate amount of exercise, we would not have very much arterio-sclerosis nor so much danger of apoplexy. But if a cathartic must be given, you must use the one that is suitable to the case. The cathartics mentioned here are all good and useful in certain cases, but one must make a study of the remedy in order to be able to treat the many different kinds of cases.

Dr. W. E. Postle (Shepherd, O.): Those who make a specialty of chronic diseases know the difficulty you have with auto-intoxication. It is a big stumbling block to rid the patient's system of the weight of the auto-intoxication—the things that increase his diseased condition and hinder him from getting well. It is the most difficult and puzzling proposition you have to face. Take an old, established case of epilepsy, and what is harder than to make even a moderate amount of good bowel condition and clean up the tongue? As long as you do not control that, you will not control his convulsions. This is true of neurasthenia and nearly all of the mental diseases. Nearly all patients suffering from insanity suffer from coated tongue and from these toxic conditions.

The doctor spoke of the salicylates. I do not think he could have mentioned a remedy that would more generally apply to these conditions than the salicylate, in any combination, either salicylate of soda or Epsom salts. Just take Epsom salts and keep the patient's bowels moving a little more than normal, and it produces an immensely beneficial effect on the general condition of the patient. Betanaphthol is another good remedy, but it does not affect all cases beneficially. There is a remedy introduced by the homeopaths, and that is lycopodium. That is in some ways a good intestinal anti-

septic—it will clean the tongue and stop gas distention of the abdomen. The remedies that will overcome this chronic condition are in a class by themselves, and if there is any remedy that will make the intestines take on a more perfect peristaltic condition I would like to know, because we need it every day.

Dr. J. J. Martin (Bucyrus, O.): I think this is a very good paper. I am glad that Doctor Postle mentioned Epsom salts. I believe a wise dose is a half-teaspoonful of Epsom salts in the morning in a full glass of very hot water—that is a very great help in these cases. You will find a dry condition in the large intestine in these cases; there is an absorption of the contents of the large intestine into the system, and I think that is benefited by sodium salicylate. I like to put half an ounce of the saturated solution of magnesium sulphate in a little bitter tonic, say hydrastis. I find this very useful.

Dr. Larson (Oshkosh, Wis.): Auto-toxemia is not only a medical case, but may be surgical. I think that during this past year I have perhaps had three or four hundred cases that went under the knife. Many of them were gall-bladder cases. In some cases you simply have to rid the gall-bladder of stones. I have treated some of them medically, but it takes a long time, and in many cases it did not seem to do any good. But after the gall-bladder was opened and thoroughly cleaned—no drain left in, however—there would be complete recovery and they would regain their normal weight and strength.

Dr. W. E. Postle: I would like to ask about the use of phenophthalein.

Dr. William M. Gregory (Berea, O.): I have never used phenolphthalein. I use vegetable drugs exclusively. I have never yet given a dose of calomel. I used to be afraid of aloin; I gave it in small doses to stimulate the large bowel, but I have watched it closely for a couple of years to see whether it would produce hemorrhage, and a quarter grain of aloin will not make any trouble. If you have trouble in elimination, try podophyllin, the green root, or iris—the green root. Where I want something to stimulate peristalsis, I find podophyllin and iris has helped me out wonderfully.

THE ELECTROLYTIC ERADICATION OF BIRTH MARKS.

J. E. G. Waddington, M.D., Detroit, Mich.

Birth marks, mother's marks, can be practically all grouped under one or other of two terms, nevus and angioma.

Angiomata are circumscribed dilatations of the blood or the lymph vessels and capillaries, quite often associated with a framework of connective tissue. Nevus is often used synonymously with angioma, but is also a term applied to designate a mole or pigmented spots upon the skin. To differentiate: An angioma is usually a vascular abnormality which may be partly composed of connective tissue; a nevus is usually a connective tissue abnormality which may partake of undue vascularity.

There are infinite varieties and degrees of nevi and angiomata, and to list all their distinguishing names would rival in length the famous list of Homer's ships.

Considering the varied and often bizarre forms of these exceedingly

common marks, it is not unreasonable upon the part of the laity—and also some of the profession—to ascribe them to maternal influence and, without overly stretching the imagination, to recognize in some instances, such ante-natal impressions materialized into raspberry and strawberry marks, the impress of burns, mice, spiders, lizards, etc. In fact, a mother's mark may be more or less easily recognized as almost anything in heaven or earth that may appeal to the interested observer's special imagination or conviction. For purposes of this article we may satisfactorily abbreviate the list of birth marks and treat them under about a half-dozen descriptive headings.

The simplest birth mark, though no birth mark is simple to the parents, is nevus spilus, being the smooth surface mole, slightly, if at all, elevated, and may be pigmented, light to dark brown or black. Face, neck and back are the sites of usual predilection.

The nevus papillomatosus and the nevus verrucosus are moles with warty surfaces. To remove these varieties, insert a suitably sized and curved steel needle through a lateral aspect of the growth on a level slightly above the normal tissue, going across the full breadth of the growth just to, but not through, the opposite side.

For all electrolytic work needles should be shellacked so as to insulate that portion in immediate contact at the point of entrance. This to prevent undue action with subsequent scarring at this most vulnerable and sometimes normal site. Connect needle to negative pole of a galvanic current, the positive being attached to a well moistened pad electrode of convenient size, and applied at any convenient point, preferably as near the active or negative electrode as possible, being so placed as to localize current so far as conveniently possible, thereby reducing resistance and consequently the force of voltage of current required. A current of from 2 to 5 ma. is used, varying according to character of mole and patient's susceptibility to pain.

As a local anesthetic when deemed necessary two or three drops of a 2 or 3 per cent. cocaine solution can be injected through a suitable hypodermic needle and then, allowing said needle to remain in situ, one can remove the syringe barrel and connect needle to cord tip, using as negative electrode. A better technique, however, is to have a small metal hypodermic syringe with a cord tip attached to the barrel, thereby avoiding awkward and unnecessary manipulation. As cocaine is electropositive, having an affinity for the negative pole, it is not diffused into the tissues by the negative current, consequently the anesthesia is not quite so satisfactory as when applied at the positive pole.

The current should be turned on quite gradually and if, or when, the patient complains, do not try to force more current, but rather reduce to comfortable limits. After the current has been running for a while, the tissues become more or less insensitive and strength can then be increased without causing undue pain.

One should aim, so far as possible, to do all the work required in

one treatment, but it is better to repeat one or more times rather than to overdo. These cases do not come for the eradication of a blemish per se, but for its eradication without post-operative signs of the removal; it is therefore extremely necessary to be careful not to replace one disfigurement by another. Only experience will develop exact technique.

During the application of the current bubbles of hydrogen gas are evolved, which may be seen issuing from, or distending the tissues, which in consequence change their color, assuming a white or pearly appearance; this is evidence of enough action.

For large moles it is sometimes necessary to make two or more insertions at the one sitting, according to size and shape of growth, reinserting the needle at quartering or radiating angles so as to bring all the involved tissues within electrolytic reach.

A dry scab subsequently forms, which, falling off within a few days, leaves a smooth and normal surface. If too much current be used, so as to involve normal tissue, a scar will ensue, which, however, is not particularly noticeable unless the treatment has been unduly enthusiastic.

Occasionally suppuration will take place, due to infection either conveyed at the time of treatment or acquired afterward. The remedy for this untoward condition is for the operator to be careful of his asepsis and for the patient to carefully avoid subsequent traumatism during the healing process. The negative pole, unlike the positive, is not antigermicidal, therefore the site of operation and the needles should be sterilized, and the operation, trivial though it may seem, be supervised by a strict surgical conscience.

Nevus pilaris is a nevus plus a growth of abnormal hair, which latter may be downy, light or, as more usually the case, coarse in texture, few or many in number and not necessarily agreeing with the patient's general hirsute color scheme.

The hair should invariably be removed before attempting removal of the nevus itself, which may be a more or less pigmented spot or patch and may or may not be elevated above the contiguous normal skin surface.

Patient should be placed in a good light and both patient and physician in a comfortable position. A magnifying glass, though recommended by most authorities, is not needed and if used is amply as trying, if not more so, upon the eyesight as when unaided by such adjunct Also contrary to authority, a non-interrupting needle holder should be used, the make and break being caused by the patient placing the hand upon or raising it from the indifferent positive sponge electrode. A Hayes bulbous pointed steel needle is a most satisfactory form of active electrode. Although a platinum needle is recommended for this work, it is not at all necessary, the only argument in its favor being that, should one mistakenly employ the positive pole with a steel needle, its

application would cause an indelible stain with all contacting tissue; but then the electro-therapist should not mistake polarity any more than a physician should mistake drugs. One-half to 2 ma. for ten to thirty seconds is the range of current strength and duration. Hairs in close proximity to one another should not, as a rule, be all removed at one treatment. This rule may be safely disregarded if the hairs are superimposed upon a pathologically raised base, any excess action then being satisfactorily expended in the eradication of such growth.

The needle, being attached to the negative pole, is inserted alongside the hair, down to the bottom of, but not piercing through its follicle. The rheostat is turned on until the desired amount of current is registered and should then be left running throughout the entire duration of treatment, being careful, however, to have patient always make and break the current and always inserting needle before the make and removing after the break. After a few seconds duration of current, bubbles of hydrogen gas are usually seen alongside the needle, which, while evidence of current action, is not, as often asserted, proof that the hair is loosened and ready for epilation; some follicles will froth freely and the hair still be found firmly attached, while others do not froth at all and yet the hair be found loosened. If the hair can not be removed by the epilation forceps without traction, repeat the treatment once, and failing then to loosen, epilate forcibly, for if allowed to then remain the hair will prove a source of subsequent irritation. Do not treat the mole itself until all post-epilatory irritation has subsided.

Pigmented nevi, if not too large, are treated by inserting one or more needles, preferably flat or quarter curved, the whole length of the growth and parallel to the skin surface; do not insert into or below the deep layers of the skin, as destruction of same will insure a scar.

Larger pigmented areas are preferably treated with a disk electrode holding a half-dozen or more cambric needles; these are inserted perpendicularly to the skin, just penetrating the superficial layers. When possible, as many insertions are made at one seance as the area involved may necessitate for adequate results or the patient will endure. The negative is the active pole used and insertions are only for a few seconds at a time with to 2 to 5 ma. of current. The parallel insertions are given 1 to 2 ma., usually for two or three minutes, or until the pigmented area changes in color to a whitish hue, becoming slightly distended from pressure of the evolved hydrogen gas; this subsequently scabs, coming off in a few days and leaving a non-pigmented but rosy surface, which in time fades to more or less normal appearance, dependent upon the smoothness of your technique.

The angiomata assign themselves to one of three divisions: those easily operable, those not so easily operable and the inoperable.

A well known pediatrist states in regard to angiomata that, "Some cases, if neglected, ultimately result in sarcomatous degeneration." He further states that the conditions can be easily remedied by surgical

treatment, and defines and advocates such treatment as "injections of 5 per cent. silver nitrate solution into the dilated masses, or destruction by galvano-cautery, chromic acid or nitric acid."

Now, it may be axiomatically stated, that all abnormalities should be remedied when possible, provided the remedy be not worse than the disease. Such crudely dangerous methods as the above named possibly might be indicated in some cases, but only when superior measures are not available.

The operable angiomata may range from bright red, punctate spots, requiring the merest insertion of the needle and a current of only one ma. for some seconds, up to the cavernous and plexiform growths requiring several seances of twenty or more milliamperes of current for five minutes' duration.

Some authorities advocate using the negative pole as the active electrode in these vascular growths; others advise using the bipolar method, inserting both positive and negative needles into the growth, either parallel to one another or the positive inserted into the center of growth, while multiple insertions are made with the negative radiating throughout the affected contiguous tissues. In large growths, and especially when situated in close proximity to delicate structures such as the eye or brain, the bipolar theoretically appeals as preferable on account of the entire current thereby being concentrated upon and confined to the growth itself, eliminating any danger of untoward effects upon other structures. However, in practice I have found no injurious effects to follow, even upon the repeated application of currents as high as 20 ma. given for ten minutes at a time, the negative pad electrode being placed upon the patient's back and the positive needle being inserted into growth located near the eye, some of the patients being only a few months old.

Furthermore, the negative pole is not astringent nor is it antigermicidal, the converse being true of the positive pole, which is an insuperable argument, in my experience, for the latter polarity's exclusive use in these bloody and often formidable growths.

The active electrode in these cases should invariably be composed of platinum or iridio-platinum, gold-plated needles being unable to stand the strong currents so often required for these treatments.

The indifferent or negative electrode should be a thick pad as large as can be comfortably applied; the larger the pad the better the diffusion of current, with consequently less appreciable sensation or effect.

When treating large growths and for patients under general anesthesia, which, of course, is always required for young patients, the pad electrode is most conveniently and safely disposed of by being placed over the sacral and lumbar regions, the current thereby being so diffused through the one electrode and so localizing the other at the growth, the dangers of applying these stronger currents even in so-called dangerous zones is practically nil.

Naturally the operator will be careful in turning the current on or off, remembering that it is sudden makes and breaks that cause shock and not the steady, continuous flow of current. Should the chest for some reason appear to be the preferable site for the indifferent electrode, the region in close proximity to the heart should, of course, be avoided as much as possible.

For the superficial, usually bright red, capillary growths, only superficial insertions and weak currents are necessary.

Cavernous angiomata, on the other hand, require deep insertions and strong currents, usually reapplied every three or four days until their vascularity is replaced by clot, easily demonstrable by the feeling of circumscribed solidity replacing the previous more or less diffuse cystic condition.

Some plexiform angiomata require exceedingly careful technique, being a combination of cavernous angioma with superficial dilatation superimposed upon an underlying stratum of semi-cavernous vessels; they often fluctuatingly expand whenever extra circulatory pressure is brought to bear upon them, as in crying and other respiratory stresses.

First treat the cavernous portion proper, then the semi-superficial or semi-deep vessels, and finally dispose of the superficial area; this order of procedure I have found to give the best results radically as well as cosmetically.

The cavernous angiomata are the only growths where treatment is advised to be repeated at short and frequent intervals in order to effect thorough clotting of these formidable reservoirs of blood; for all other angiomata and nevi the rule in treatment should be to accomplish as much as safely and cosmetically possible, refraining from further treatment until all effects of the former one have disappeared. One can then not only better judge how much remains to be attended to, but can also limit possible subsequent scar formation.

You can not remove these growths, be you ever so careful, without causing in many instances some scarring; but the object of successful treatment is to remove the blemishes with as little resultant evidence as possible of the removal.

Finally, the inoperable angiomata: These are to be seen in some of the nevi flammeus or port wine stains, which, from their extensive involvement and particular location, though usually quite superficial, are as disfiguring as they are inoperable; also hairy and pigmented growths too extensive for cosmetic eradication; then there are the angio-elephantiases and elephantiases-telangiectodes, etc., which have all the characteristics of the nevi flammeus but in severely exaggerated form. They are the swollen, livid formations which, in their extreme development, transform man, created in the image of God, into that of the beast. Some few of these severe cases may be operable by some one or other method, but are not suitable for electrolysis.

I will now report a recent case of angioma cavernosum, which will show the technique to be employed and the results attainable in these cases.

Marjorie, age seven months, was referred to me for operation February 2 of this year by the family physician, Dr. Geo. J. Schaller, who administered the choloroform at each treatment. The child was exceedingly small for its age, but well formed in every other respect. There was an angioma cavernosum situate over the junction of the frontal and nasal bones measuring 2¾ cm. in diameter and about the same in heighth. The growth was quite symmetrical in shape, extending out from the naso-frontal region as a quite prominent elevation, with two-thirds of its growth involving the left nasal side. No dilated vessels were visible in the overlying skin, which was of normal color, though, viewing the growth from the side light, one could just detect a dark blue subcutaneous coloration. The tumor had a semi-cystic feel and could be seen to expand quite perceptibly when the child cried. It was first noticed as a dark blue spot in the skin when the infant was six weeks old and had slowly developed in size until a week or two ago, when it commenced to more rapidly expand.

A brother of this child had died, when only a few months old, from uncontrollable hemorrhage following circumcision.

A thick well moistened pad was placed under the back of the child, extending from the sacral to upper dorsal region; this was connected to the negative pole of the galvanic current.

A small half-curved surgical needle, gold-plated, was connected to the positive pole and inserted just within the upper frontal periphery of the growth, down to, but not in immediate contact with, the limiting bony wall of same. Ten ma. of current was slowly turned on and given for five minutes and then as slowly turned off; withdrawal of the needle caused slight oozing. Two needles were then connected by means of a bifurcated cord and inserted east and west of the previous insertion. Ten ma. were applied for ten minutes, and after turning off the current, the polarity was reversed and 2 ma. used for one minute; this enabled the needles to be withdrawn without much trouble and barely perceptible oozing. A gauze and collodion dressing was then applied so as to check any possible subsequent tendency to bleeding.

February 6. No perceptible change in appearance of growth except possibly a trifle flatter in contour. Two insertions with two needles, gold-plated, were made between the previous insertions, using 15 ma. for ten minutes at each insertion and reversing current for two minutes with 5 ma. of current. A profuse bleeding ensued upon removal of one of the needles and milder bleeding from the others. Examination of the needles showed the points to be denuded of gold-plate and much corroded. Bleeding was easily stopped by applying

pressure over the points of bleeding with a carbon electrode for two minutes, using 10 ma. of current, positive pole.

February 19. The growth had flattened considerably in size, was slightly darker in color and of a semi-solid consistency. Two insertions were made with two platinum needles, each insertion lasting ten minutes with 20 ma. of current. There was no bleeding upon withdrawal of needles.

March 1. A small, superficial, dry slough had formed in the center of the growth and a smaller one on the nasal side; the growth itself was perceptibly decreased in size and quite solid to the touch. I advised the mother to await future development before giving any more treatment, believing the growth would disappear entirely as soon as the now well formed clot would be absorbed.

March 3. The mother phoned that she had noticed expansion of the tumor when the child cried.

March 4. Although the tumor was perfectly solid and apparently decreasing slowly though surely, yielding, somewhat against my better judgment, to the mother's wish, I made two more insertions with two needles, following the same techniquie exactly as that used in the preceding treatment, confining the insertion, however, to the lateral and nasal aspect of the growth, the only really prominent portion remaining in evidence.

March 11. Suppurative slough had developed on the nasal side of the growth, involving the area last treated.

March 12. The slough came away, leaving a black excavation the size of a dime in diameter; angioma apparently all absorbed or sloughed away.

March 16. Excavation contracting very rapidly and only a very slight discharge in evidence; at lower edge of cavity was a tab-like projection of normal skin tissue, apparently left intact from the previous treatment on account of being thicker tissue than that composing the center wall of growth. The cavity very quickly closed in, and at the present date the contour of the nose is perfectly normal, with the exception of a slight elevation still remaining from the skin tab, which, however, will eventually be contracted down to a normal plane. The linear scar, left to the side of the slough, is slowly absorbing and in time there will be little evidence left to mark the site of a previous, formidable and disfiguring growth.

This same case has, or rather had, a large plexiform angioma on the nape of the neck which, while not elevated above the skin, was quite deeply developed in the underlying tissues. This has had three treatments, the last one a week ago, and the growth is now in process of being entirely absorbed.

The child never appeared to suffer from pain or any untoward sequelae as a result of its numerous operations and concomitant anes-

thesias. It was strikingly noticeable throughout all the operations that, after anesthesia was complete and the current turned on, the child would remain perfectly quiet, apparently soothed by the current, only a few drops of chloroform being necessary to preserve insensibility and quietude throughout the average half-hour's duration of treatment. This apparently soothing influence was very evident by contrast with the restlessness the patient invariably evidenced as soon as current would be turned off and lasting until, and subsiding immediately when, the current would be turned on again.

HELONIAS DIOICA.

E. R. Blaugh, M.D., Pittsburgh, Pa.

When the program committee for the materia medica section requested that some one contribute a brief article on helonias, and I assumed the responsibility, I realized that I was choosing a subject that had been so well covered by our various contributions to Eclectic literature that it would be difficult to say much about this drug without repeating what had already been recorded .

As I began a re-study of this drug, I found that it was more thoroughly "written up" than I had then realized, so that I am sure of satisfying the wishes of the committee in at least one respect, viz., being brief. If silence sometimes is golden, perhaps brevity also at times is a virtue. It is necessary only to consult the literature of the dominant school on helonias to find that it is given little space, while what they have to say is of less value in the guidance of the use of this remedy. They must therefore not have any knowledge of the virtues that reside in the rhizome of chimelirium luteum (unicorn root, blazing star, starwort), the plant from which the preparations for our use are obtained.

Helonias is regarded as a remedy having special usefulness in various disorders of the female reproductive organs; while this is the field in which it is most frequently employed, it is not a remedy for female diseases exclusively.

Special indications for its use are so well given in our more recent text-books that I trust I will be pardoned if I repeat some of them here in order to give emphasis to a few not so prominently mentioned. I have used helonias with much satisfaction in its established field of medication according to indications, and, following along this line of use, I have for a number of years used helonias in the treatment of goiter. Where I find menstrual activity in the young girl who applies to me for the treatment of goiter, I use helonias in combination or alternation with my goiter remedies, at least so long as the menstrual functions are not normal.

I believe it is the experience of most of us that a good percentage of our goiter cases are of this class, and there appears to me to be a close relation between the development of the thyroid and other glands at this particular age of the individual, and the proper functioning of the organs of menstruation at this time has a great deal to do with the reducing of the thyroid.

Helonias is well known by Eclectics as a glandular remedy, and, as such, I believe from experience that it is synergistic with iris and phytolacca in diseases of the thyroid. In the case of the young lady who has arrived at the period of adolescence, and whose menstrual functions have been established, then suddenly cease without apparent cause, giving parents and patient considerable alarm, I find helonias seldom disappoints.

I give helonias in goiter in the adult female when the menstrual functions are deficient, when there appears to be a want of tone in, or an atonic condition of the uterus, or when perverted menstruation appears to be due to the same cause.

I think it is prettly well recognized that in the successful treatment of goiter it is quite essential that the general health of the patient be made and maintained as good as possible, if we would expect the most rapid results from our goiter treatment. Helonias, being a remedy of value in toning up the digestive organs, is therefore called for in these cases for this additional reason.

In cases of anemic girls (so called) I frequently use helonias. Several years ago, while using this remedy for its tonic influence in combination with other remedies, an inter-menstrual period occurred. The helonias was withdrawn, and the menstrual periods became normal. Later on in the treatment of the same patient it produced the same results. This may have been only a peculiar idiosyncracy, as I have not had this same effect since. The dose used was only one-half dram of specific medicine to a four-ounce mixture.

I used this remedy in a case of habitual abortion (six successive miscarriages of four to eight months' gestation), alternating with viburnum and mitchella, and delivered the woman, at full time, of a ten-pound baby boy. In albuminuria I have obtained good results from the use of this agent.

In glycosuria (diabetes mellitus) my attention was called to helonias by Dr. W. A. Latimore, of Pittsburgh. He has used it extensively in this disease and speaks very highly of it. He has obtained better results when used in connection with epigea than if used alone. My own brief experience with helonias in these cases warrants me in recommending it in this form of kidney disease.

Helonias does not possess the distinction of an official nomenclature nor has it received the endorsement of the Council of Pharmacy of the A. M. A., but, like echinacea and many other remedies, it is used more

widely and more enthusiastically by members of the various schools than some of the remedies so listed and so favored. I believe the merits of this remedy are such that it will come more into general use as its merits are more and more established through the more frequent use of the remedy by the profession in general.

Outside the Eclectic ranks the knowledge of this remedy and its practical use are yet rather limited, their materia medica for helonias being the catalog of manufacturing pharmaceutical houses and the recommendations of their salesmen. As such the remedy is usually combined in tablet form or consists in a solution of the so-called active principles. Convenient as these may be at times, I prefer to make my own combination, using preferably specific medicine helonias.

THUJA-SENECIO.

J. D. McCann, M.D., Monticello, Ind.

Thuja, arbor vitae, or white cedar is an evergreen American tree growing from twenty to fifty feet in height. It grows on rocky banks of rivers and lowlands from Pennsylvania northward. It is used often as a hedge plant. According to the history given by Prof. Felter, it was introduced into Europe before 1600. Later Hahnemann introduced the remedy into the Homeopathic school. It was introduced into Eclecticism by Dr. Dickey in 1862. Later Prof. Howe began the study of the drug, since which time it has been used by various members of our school, yet not to the extent it should be.

In 1900, at the Atlantic City meeting, I read a paper on the "Specific Action of Thuja Where Applied Locally." There I cited cases of skin disease cured by the local application of thuja and olive oil, also cases of tonsillitis. I like very much the action of thuja and some bland oil in the treatment of tonsillitis or ulceration of the throat. One of the happiest results obtained from thuja some years ago was a case of cancer of the nose that had resisted all other treatments. After ten or more years there has been no occasion of alarm as to its return.

Thuja has served me splendidly in pruritus and vaginitis. You will also find it a valuable remedy in some forms of eczema. In these cases I combined the remedy with olive oil.

In enuresis of children thuja is a valuable remedy as well as in the dribbling of the urine of adults. When there is an inflammation and infiltration of the eye thuja and distilled water will give fine results.

Thuja is a useful remedy in the nasal irritation of children when the mucous membrane is thickened and there is difficulty in breathing. This remedy should be used in combination with some medicinal oil on a cotton swab three or four times a day.

Senecio, or life root, is a perennial plant growing in the moist places

in the northern and western parts of the United States. Its physiological action seems to influence the reproductive organs of the female.

Personally I find it comes nearer taking the place of pulsatilla than any other drug. While it will not influence the pelvic nerves like pulsatilla, it is soothing to the sore and aching ovary. It is recommended in gonorrhea and impotency in the male, but I will not vouch for this statement. Where there is a fullness and painful feeling in the female pelvis the action of senecio combined with viburnum acts kindly.

SURGERY OF THE GALL BLADDER.

F. M. Andrus, M.D., Lincoln, Neb.

Most of the surgical operations upon the gall-bladder are performed for the removal of gallstones and the treatment of their complications. Other conditions demanding operation are inflammation (cholecystitis) without stones and its sequelae, empyema, gangrene, etc., wounds and tumors.

The two operations chiefly employed are cholecystotomy, or opening and draining the gall-bladder, and cholecystectomy, or excision of the gall-bladder. Cholecystenterostomy, or the establishment of an anastomosis between the gall-bladder and some part of the alimentary canal, is sometimes done to establish drainage when there is "an inoperable stricture or an irremovable obstruction" in the common bile duct or a persistent biliary fistula.

In operations on the gall-bladder the incision is made over or near the right rectus muscle. Kocher uses an oblique incision about 1½ inches below the costal margin. The Robson incision is a vertical one through the upright rectus muscle near its upper border with an upward and inward extension.

In cholecystotomy the bladder is first aspirated to remove as much as possible of the fluid contents. The incision is made in the fundus, and stones, if present, removed with a scoop or spoon. When the gall-bladder is thoroughly cleansed drainage is established. The neighboring parts are protected by gauze packing during the operation. Drainage is maintained for eight to ten days, or even longer, if necessary.

Dr. Hayd says: "Previously the gall-bladder was sewed securely to the abdominal wall, but now the careful surgeon sews his drainage tube into the gall-bladder, and then pursestrings the tube so as to avoid leakage of bile, and in case the gall-bladder falls some distance away from the abdominal wall he surrounds the tube with a little gauze which is carried through the incision, and thus a drainage canal is made by adhesions and not by permanent fixation of the gall-bladder.

Stones impacted in the cystic duct should be reduced if possible into

the gall-bladder before opening it. If this is not possible an incision must be made in the cystic duct to remove the stone.

In cholecystectomy the distal portion of the cystic duct is tied and the duct severed, the peritoneum cut so as to leave flaps, the gall-bladder, with the proximal end of the cystic duct, lifted out of its peritoneal coat, all adhesions being carefully and slowly broken up by blunt dissection with the fingers. The deep end of the duct is ligatured and the peritoneal flaps stitched together. A tube drain is usually employed for six to eight days.

In cholecystenterostomy the anastomosis is made between the gall-bladder and either the duodenum or the colon. Some surgeons employ a simple suture, others use the Murphy button or similar contrivance.

In the surgical treatment of gall stones, English and American surgeons favor early operation, without removal of the gall-bladder except in cases with certain complications. These authorities state that gall stones can often be diagnosed before the onset of more acute attacks of typical biliary colic, and when once diagnosed should be operated. Frequent attacks of indigestion without retention of gastric contents or hypersecretion suggest the possibilities of gall stones, especially if combined with cramps, uneasiness on deep inspiration and local tenderness.

Continental surgeons, on the other hand, operate later in the course of the disease and usually remove the gall-bladder.

Dr. Mayo says: "One of the most prominent continental surgeons draws conclusions which may be epitomized as follows: (1) Stones in the gall-bladder do not require operation until they have produced marked changes in the wall of the gall-bladder, i. e., formation of tumor, etc.; (2) a long incision should always be made in operating for gall stone disease; (3) the ideal operation is removal of the gall-bladder; (4) drainage of the hepatic ducts will usually be necessary.

"In reply the advocates of early operation would say: (1) In operating before gross changes are manifest the danger is minimized and the mortality is small; (2) in operating early an incision longer than is necessary to introduce the hand for exploration is not often required, and prolonged convalescence and the danger of hernia is avoided; (3) in early operations it is not necessary to remove the gall-bladder and this valuable organ is saved; (4) early operation relieves the patient before deep seated infections occur which necessitate drainage of the liver ducts."

The Mayos state that the mortality for all early operations for gall stones is only 3 per cent. and the mortality for uncomplicated cases in the early stages only 0.5 per cent., while the mortality for later operations with the stones in the common duct is 11 per cent. Dr. Sherren says that the operation for gall stones before complications have arisen carries with it a death rate of less than 1 per cent.

The usual operation for cholecystitis without stones is cholecystotomy. Complications may render cholecystectomy necessary. Wounds and tumors usually indicate the complete removal of gall-bladder, although in case of slight wounds suture and drainage may be possible.

Dr. Robson (Mayo Robson) gives the generally accepted indications for the removal of the gall-bladder as follows:

1. In bullet wounds or other wounds of the gall-bladder where suture is impossible.
2. In stricture of the cystic duct.
3. In phlegmonous cholecystitis and in gangrene of the gall-bladder.
4. In multiple or perforating ulcers.
5. In chronic cholecystitis from gall stones where the gall-bladder is shrunken and too small to safely drain, or where it is enlarged, thickened and ulcerated, the common duct being free from obstruction.
6. In mucous fistula due to stricture of the cystic duct.
7. In hydrops of the gall-bladder due to stricture of the cystic duct, as also in certain other cases where the gall-bladder is very much dilated.
8. In certain cases of empyema where the walls of the gall-bladder are seriously damaged.
9. In cancer, where the disease is limited to the gall-bladder or to the immediately adjoining parts, and where there is no evidence either of extensive glandular infection or of secondary growths in the liver or elsewhere.
10. In certain other solid tumors of the gall-bladder where inflammatory changes are due to the neoplasm.
11. In calcareous gall-bladder.

If cholecystectomy is indicated for benign conditions when adhesions make it difficult, Mayo advocates excision of the mucous membrane to the cystic duct.

Dr. Stanton in his review of end results gives a report of cases of gall stones operated; of these 107 were cases of uncomplicated gall stones (in the gall-bladder). Ninety per cent. reported cured, 4.5 per cent. satisfactorily improved, 4.6 per cent. somewhat improved.

In twelve cases of gall stones with empyema 100 per cent. of cures reported. With other complications the percentage of cures was reduced somewhat, the lowest percentage being 66, in "cases with coincident pelvic operations." Stones in common duct, percentage of cures 70.

In other cases, from literature he found that the percentage of cures reported varied from 69 per cent. (McWilliams) to 98 per cent. (Taite).

With cholecystitis without stones he reports only about 50 per cent. of cures.

Davis reports 234 operations for gall-bladder disease, 850 for stones, 84 cholecystitis, in which 176 were drained and fifty-eight gall-bladders

removed. Unsatisfactory results and failure to relieve symptoms in 12 per cent. One and one-half per cent. of these were relieved by secondary operations. He found no marked difference in the results for gall stones and cholecystitis.

After-treatment should include saline per rectum or saline infusions, dieting and Carlsbad treatment or something similar to it.

THE PROGNOSIS IN MULTIPLE FRACTURES.

O. C. Welbourn, A.M., M.D., Los Angeles, Cal.

A person who as the result of an accident suffers a fractured bone not only expects to get well speedily, but he also expects to get well perfectly. And usually such an expectation is well founded, the results being quite satisfactory to everybody concerned. But this is not always the case; in fact it is not usually the case where the fractures are multiple and diversified.

The presence of multiple fractures presupposes great violence and grave injuries to the soft parts should be suspected. Frequently such injuries are in other parts of the body, for instance the internal organs, and their nature and extent may not become manifest and possible of detailed diagnosis for several days. Under such circumstances a guarded prognosis must be given and the condition of the patient watched with the greatest care so that the various complications may be met as they arise. Several days may elapse before it can be safely stated that the patient is out of immediate danger. And at no time should it be forgotten that the patient at best will have a long and tedious convalescence. For by reason of his many injuries recovery may be slow and he will be a fit subject for a diversity of complications, the most common of which are neuritis, venous or arterial thrombus, pulmonary embolus from fat or blod clot, each of which may directly cause death or may result in gangrene or degenerative changes in the part involved.

Some of these complications may be induced by a lack of skill in the application and after-care of the dressings. Great difficulty may be experienced in keeping the various fractured bones in accurate apposition. The usual methods may be unsuccessful and new and original ones must be devised. And it should be borne in mind that excessive constraint is not only irksome but that it may be the last straw that breaks the camel's back. Sometimes the patient's life may be saved by being content with a less perfect apposition of the fragments, but such methods may mean a malpractice suit later. In any event the healing will be very slow and it is probable that some fragments will fail to unite at all and eventually require radical operative measures.

THE DETECTION OF ALLEGED VISUAL DEFECTS.

Dan H. Griffith, M.D., Atlanta, Ga.

The fact that every practicing physician, whether he is interested in the eye or not, is liable to be called upon to test eyes for the amount of vision, makes the subject of simulated visual defects of general interest. The objects prompting persons to simulate blindness may be: (1) In the case of children, the desire to get out of school or other work; (2) in adults, to escape from military duty; (3) the desire to elicit sympathy, especially in hysterical individuals; (4) in case of injury, loss or impairment of sight is often alleged in order to secure the greatest possible amount of damage. In modern times and in this country the latter object is by far the most frequent.

These malingerers may be placed in three classes: Those alleging total blindness of both eyes; those alleging total blindness of one eye, and those alleging impairment of vision in one or both eyes. It is very unusual for any one to simulate total blindness, and when it is undertaken it is ordinarily easy to detect. Watching the person when he does not know he is observed is usually sufficient. Simulation of blindness in one eye is more frequent.

The test to detect this condition may either be objective or subjective. The objective tests are those over which the patient has no control and consist of the appearance of the eye, the movements of the eye and certain reflexes of the pupil. The subjective tests are made by testing the vision under varying conditions and are usually dependent upon the patient's ignorance of what the result of the test would be if his alleged defect were real.

In discussing the various tests, I shall omit those which ordinarily fall under the domain of the oculist, and confine myself to those made without the use of lenses or special apparatus and should be familiar to every physician doing general practice. When a bright light is directed into the normal eye the pupil contracts, and when the light is taken away or diminished the pupil dilates. This reflex is produced by a light striking the sensitive retina, the impression being carried back to the optic tract and is referred to the centers of the third or motor oculi nerve. The stimulus thereby causes contraction of the pupil. In certain diseases of the nervous system, locomotor ataxia for instance, the pupil may not contract to light even though the vision may be good. However, if the pupil does respond to light it is a positive indication that the retina is sensitive and that the eye is capable of seeing. In addition to the direct we have the consensual reflex, which is the contraction of the pupil in one eye produced by light directed into the opposite eye if both eyes are normal. Light directed into a seeing eye will produce the same pupillary changes in the opposite eye whether the opposite eye sees or not.

If light is directed into the blind eye it affects neither that pupil nor the opposite normal eye. It follows then that if an individual alleges blindness in one or both eyes and yet the pupil responds to direct light he is malingering.

If the eye should be so diseased that we can not see the pupil or if the pupil should be bound down by adhesions, so long as the retina is sensitive we will get consensual reflex; that is, the pupil of the opposite eye will contract to light. But if light directed into an alleged blind eye does not produce contraction of either that pupil or the opposite, the probabilities are that the eye is blind. (2) Another method of detecting simulated blindness of one eye is to have the patient read with a pencil held about two-thirds of the distance from his eye to the printed page. If but one eye is being used the words lying directly beyond the pencil from the eye will be obscured, while if both eyes are being used the patient will read directly across, as though no pencil were between his eye and the page. When this is done it is positive evidence of malingering. A third method is to carry a lighted candle across the field of vision from the sound eye toward the alleged blind side. Instruct the patient to indicate when the light has disappeared. If he claims that the light has disappeared before the shadow of the bridge of the nose falls on the pupil of the healthy eye he is malingering, or if he continues to see the light after the shadow falls on the pupil of the sound eye he is malingering. A fourth method is to have the patient look with the alleged blind eye at something he holds in his hand. No matter if he is totally blind in that eye and has been for a long time he will automatically fix his blind eye on the object held in his hand. As a rule those who are pretending to be blind will refuse to fix the eye on the hand, thus proving that they are attempting to deceive.

CONTAGION AND INFECTION.

T. D. Hollingsworth, M.D., Akron, O.

These questions are usually discussed by the men engaged in an official capacity as health officers or members of boards of health and, from their side of the question, they know better than other physicians the difficulties encountered in enforcing quarantine laws. There is something to be said, however, on the other side of the question, as a strict adherence to the letter of the law often works a hardship to the family of the patient and does not get as good results as can be obtained by a more liberal interpretation of the laws and with less friction between the officers and the family under quarantine.

There is much ignorance in regard to the manner by which communicable diseases are transmitted from one person to another, and this makes it difficult to secure the necessary co-operation to prevent the spread of diseases in a community.

Many mild cases of communicable diseases are never seen by a physician because the family feels certain they will be quarantined, and the loss of work by the father is a serious matter in families depending on his earnings alone, with living conditions as they are at present. Many epidemics start this way that could be checked in the beginning by the isolation of the patient and careful watching of other members of the family during the incubation period if such a policy were adopted instead of the quarantine methods in use in many places at the present time.

The question is often asked, Why do not doctors carry infections from patients in quarantine? They do, but by using ordinary precautions and knowing the source of infection, a physician should not carry contagion from one patient to another. Soap and water can be found anywhere and a liberal use of them will prevent the doctor from carrying contagion from nearly all, if not all, communicable diseases.

Diphtheria is transmitted by direct contact with the secretions from the nose and throat of the patient, by carriers, by inhaling the air immediately surrounding the patient, limited to a few feet (Anders). Carriers are carriers only for a limited time as a rule, and if children in school were taught to be careful in using pencils and other articles not their own there would be fewer cases of diphtheria contracted from carriers among school children. The Shick cutaneous test shows those susceptible to the disease and they require careful watching after exposure to diphtheria.

The immunity to diphtheria given by antitoxin is of short duration and unless a child has had a direct exposure I do not favor an immunizing dose; and all children are not susceptible to the disease, so why give an immunizing dose unless we know it is needed. Do not stand directly in front of a suspected diphtheria case in looking at the throat; it is better to seat the patient on a low seat in a good light and stand behind him and look over his head, so if in depressing the tongue he should cough it will not be directly in your face.

In our city the health authorities have not fumigated following smallpox this winter, and so far as I know the disease has not spread from houses not fumigated. The disease has been so mild recently that many have refused to be protected by vaccination and, with a large influx from the South, where smallpox is said to be endemic, we have had a great many cases with only one, possibly two, fatalities.

In some of the large factories here they are not hiring any one until they have been vaccinated, and after they have have been accepted are told to get vaccinated before coming to work. If that plan was used in all factories we would soon be free from the danger of smallpox. Our health board has this to say about tuberculosis: "Very communicable while sputum contains bacilli unless proper precautions are taken. Most difficult and tedious disease to control and cure. Relapses

are frequent. To avoid the disease have plenty of these: Good food, good air, good sleep, good exercise, good work." They tell what to get but do not tell how to get the things mentioned. When that part of the problem is solved the problem of the prevention of tuberculosis will be well under way to solution. Better living conditions will reduce the tendency to contract tuberculosis, as the well nourished have better resistance to overcome the toxins formed by the bacillus.

The prevention of tuberculosis is not strictly a medical problem and can not be solved as such.

The Hour of Death.

A note in the Gaz. Med. de Paris states that a physician observed the hour of death of 2,880 persons of all ages in a mixed population and during a period of several years. He found that the maximum hour of death is from 5 to 6 a. m.; minimum 9 to 11 a. m. From 10 a. m. to 3 p. m. the mortality is not high, and the most fatal hours are from 3 to 6 a. m. The conclusion is that death generally comes when the sick are least nourished and cared for. If care were taken death could be postponed in many cases.—Critic and Guide.

The Kentucky Eclectic Medical Association and Indiana E. M. Society and the W. Va. E. M. Society will hold a conjoint session with the Ohio State Eclectic Medical Association in Cincinnati, May 19, 20 and 21, 1919, in connection with the Alumnal Association of the college, which meets the afternoon of the 20th, and the graduating exercises of the college on the evening of the 20th. Further details of these four society meetings will be announced later.

The Eclectics of St. Louis and vicinity gave a banquet at the Marquette Hotel, Friday evening, February 21, in honor of the return from the medical service of Drs. G. O. Hulick and B. J. Wiesner. They had as their guest Dr. J. E. Colloway, of Chillicothe, the President of the State Eclectic Society. Arrangements are being made for an especially interesting meeting in May at St. Louis, which will be the thirtieth anniversary of the society. It is a noteworthy fact that Dr. Colloway was one of the founders of the society and its first president.

New members from August 2, 1918 to February 20, 1919.

Arkansas.—Sheaffor, P. R., Cabot; Hudspeth, R. L., Emmett.
Missouri.—Amos, O. E., Jefferson City; Douglas, J. R., Kansas City.
Texas.—Helbing, Hugh V., North Ft. Worth.
New York.—Elwood, H. E., Corning.

The National Eclectic Medical Association
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THE 1919 MEETING OF THE NATIONAL.

In regard to the 1919 meeting of the National Eclectic Medical Association, which will meet in Chicago (probably in the La Salle Hotel) on June 17-20, I take pleasure in expressing to the readers of the Quarterly the splendid good feeling there is toward the session and the fine spirit of co-operation that exists from every quarter from which I have had an opportunity to hear.

During the early part of October last there was held in Chicago, in one week, a number of society meetings, which were attended by representative men of our school and of our National Association. I arranged a meeting of these men with our local men, which was held one afternoon at the La Salle Hotel to secure an expression of opinion as to the character of the session which would be held this year after taking all unusual conditions into consideration. I immediately wrote to the members of the Propaganda and Organization Committee, which is the body that is doing the detail work in getting up this national meeting. I expressed to them what this session had thought would be a good course to adopt. This morning I have received a letter from the chairman of the committee, Dr. Sharp, from which I quote as follows:

"I find that the committee is very much in harmony with your ideas in making our next meeting a purely professional one throughout, and I am submitting the following plan, suggested by Dr. Wm. P. Best, as covering your ideas. I have indicated to the other members of the committee that it is the plan that will be followed in working up the meeting. It is as follows:

(a) Strictly professional attractions.

(b) Program to develop and portray our clinical methods·

(c) Compare treatment and mortality by our methods in the recent epidemic of influenza.

(d) Have the program develop the fact that we are primarily therapeutists.

(e) Arrange for class reunion and alumni reunion.

(f) Urge all seekers after therapeutic truths, regardless of professional affiliation, to attend our meeting."

I called together last night, in my reception room, 32 N. State Street, Chicago, all the local committees that had been appointed and are planning their work here. At the same time, I made an urgent request to all the doctors in Cook County (Chicago and suburbs) to meet with us if they were interested in this reunion of Eclectic physicians. There was a fine attendance of enthusiastic men, and, taking the plans suggested in the October meeting, with some additions, we find that they correspond accurately with those outlined by the Propaganda Committee, from the report of that meeting.

The main work of the entire 1919 session of the National Eclectic Medical Association will be devoted to the consideration of those parts of the medical curriculum in which our school is unique and peculiar from other schools. We shall make the entire attractiveness of this session of a professional character, to develop from our methods of practice of medicine and from the superior quality of our specific drug application. This will not exclude entirely the departments of surgery, gynecology, ear and eye, nose and throat, etc., for those who prefer to write on these topics. We will endeavor to show wherein our methods are conspicuous for their successes, and to show without boasting those points that are of unquestioned superiority.

Professor N. A. Graves, who is at the head of the tuberculosis work in Cook County, who has the clinics in the main hospitals and the entire large number of dispensaries for the treatment of this disease under his charge, will plan a clinic for one-half day for the society and for other times for those who shall be present who desire to pay special attention to the methods used in Cook County, as more in line with our own methods for the treatment of this disease probably than those of any other large city, and correspondingly more successful.

Professor W. L. Schussler, in charge of a South Side hospital, will plan for at least three other clinics. All of these clinics are to demonstrate fully and clearly the specific Eclectic methods. We shall make a very unusual effort to attract visitors to these clinics from other schools and other physicians, in order that they shall carry away a good impression of our methods in direct drug application.

Owing to the awful mortality this past winter in Chicago from influenza and consequent pneumonia, those two topics will be made prominent. Professor W. J. Pollock will develop a symposium on the treatment of pneumonia as successful in at least 90 per cent. of the

cases. If we prove it to be more, this fact, by its own merit, will be made to stand out conspicuously.

There will be at least three more symposiums. The first will be on influenza. The others will consider equally prominent single topics. These will be under the charge of the best men in the United States that can be selected for that purpose among our men.

In addition to these medical clinics, from the actual practice and every-day experience of our very best observers in these lines, Professor R. J. Lambert will select and arrange, and assign with my assistance, three or four symposiums concerning definite, unusual, but positively reliable action of drug or drugs, as seems best in the consideration of the total disease.

Dr. Lambert, at the head of the materia medica department, with Professor Rolla L. Thomas, at the head of the practice of medicine department, will not only arrange all the other matter in their departments in a very attractive and profitable manner, but they will also endeavor to interest the individual contributors to the program, so that there shall be a happy combination between the attractiveness of the clinics of the symposiums and the vitally important general work, which will be in charge, in the other departments, of the members named in the list of section officers herewith.

Chicago offers so much attraction to strangers that there will be no special effort made at entertainment unless it be made by the various alumni associations. The Department of Exhibits is in the hands of Dr. Woodward and others, and this will be made a profitable source of income to contribute to the reception of those who have no personal interest in the program. It is hoped that the various colleges or their representatives will take up the duty at once of developing a plan for the care of their students, regardless of their year of graduation, and will push this to the utmost in order that the younger doctors shall be impressed to continue with our school rather than to look for a place in a school of medicine that has met with terrible failure this year outside of their surgery.

To every member of our national association, and to every individual physician who feels that it is his duty at this time to push forward the successful methods of the Eclectic system of medicine until the public attention, and the attention of the profession at large, is attracted to it, I make an appeal. I wish I could command words sufficiently strong enough to express the importance of this as I feel it to be. Until I meet you at the National session in June, I want to urge upon you to exercise your utmost effort to bring out some truth that you know to be proven—some fact in drug action—some interesting experiences that prove some facts—that you exercise your full influence and persuade other physicians to do the same thing; that you make reports of these facts, and write simple statements of these truths and send

these to any member of the Propaganda Committee for classification and presentation at the National; that you develop your knowledge of any of these points that are presented or are to be presented, and that you prepare yourself for extemporaneous discussion of these subjects at such times as these subjects shall be presented for discussion.

I especially urge upon the members of the alumni of the various colleges to make a strong effort to get together at this session to arrange for a meeting of as many as possible of the alumni of any year of the college course of the past. This in itself will prove a very attractice feature. FINLEY ELLINGWOOD, M.D.

THE PANDEMIC—INFLUENZA.

It has been our privilege to see two returns of the epidemic known in 1889-90 as the la grippe, but now designated "Spanish Influenza."

Clinically we see so many features in common in the two world-wide epidemics that we are reasonably certain that they are the same.

There seems some doubt in the minds of some research workers as to the bacteriological origin or cause of the two, yet there are those who claim the same bacillus is responsible for both.

Be that as it may, we are left with the pressing need of treatment for the manifestations as we encounter them. Should we be left helpless while the etiology is determined, little would be done to relieve the suffering and the medical profession would be held up to ridicule.

In associating with other physicians we are reminded, by those who lay claim to being up to date and scientific, that the epidemic is essentially a bacteriological one from the standpoint of etiology, yet they are unable to give any remedy based upon etiology. In other words, the establishment of the cause does not aid in providing the remedy.

This is admitted by the most ultra-scientific. The tendency is to get a "specific" for influenza, pneumonia, etc.; which is all well enough in itself, but one of the monumental failures of the present century. We might as well admit with them that "there is no specific" for any disease as we know the diseases of mankind. The claim of specificity in the treatment of syphilis, malaria and diseases due to other known micro-organisms have not been successfully treated, not specifically cured, by sera, bacterins or any other remedy resulting from laboratory findings. What, then, shall we do? There are no "cures" for these diseases, no specific remedy or remedies; even salvarsan or the arsenical compounds do not prove the success once hoped for. Where is the trouble? It will not do to say these remedies do no good. Far be it from us to say that or intimate such a conclusion, but what are the facts in the case? Salvarsan will benefit a syphilitic, so will quinine benefit and cure some cases of malaria, but not all, not when given without due

consideration. In other words, there is a place, a time in which to administer quinine for the eradication of malaria. There should be, and doubtless will be, a better understanding of when and under what conditions we should administer arsenobenzol or diarsenol for syphilis. We already know the remedy is not a cure-all, but we should not discard, but develop its use; in other words, learn to use it in a specific way. The fault is not with the remedy, but with the methods, or lack of methods, of use. No physician would think of giving aconite for all cases of fever, nor bismuth for all cases of vomiting or diarrhea. Yet we all know that in some cases aconite is the remedy of choice, as well as is bismuth. But the when and how to choose the particular condition or conditions which will be relieved by these remedies makes us select them for such particular manifestations of disease.

Carrying this idea a little further, we develop the idea of specific medication. Not a specific remedy for pneumonia or any other disease, but remedies that have proven themselves valuable in the relief of certain conditions or symptoms which are present in some cases, but not in all, and for this last reason are not applicable to all, but to those only which are promptly and certainly relieved when these remedies are administered.

We have no specific for pneumonia, but let us ask how many cases of pneumonia have you seen during this epidemic which, in all particulars, were alike? In as much as they are unlike, the treatment, to be logical, reasonable, just and successful, must be modified to meet the different conditions manifesting themselves, and as the patient improves and symptoms change the remedy should be changed to meet such changed conditions. When we have learned to thus differentiate, when we analyze each of a dozen cases of the influenza, we will find no two alike in all the symptomatology, yet we designate them all influenza. But, let us ask, does this naming of the disease make it necessary to give all the same medicine regardless of the differing conditions found?

We have seen listed a number of remedies, so called, for influenza, with the comment that they have proven of no value or have been a disappointment or failed. Let us see. Why did not some one try salvarsan, arsenobenzol or sodium cacodylate as a "specific" or cure for "flu" and mark it a failure; would it not be as reasonable as to say echinacea, gelsemium or eupatorium were failures? What sane man or physician ever recommended either of these last named medicaments as a cure for anything? These remedies, like all other known, will have only certain action, produce certain effects, but they are not cure-alls; they are not any more applicable to all cases of influenza than they would be to all cases of epidemic cerebro-spinal meningitis, and it is possible that two of them at least might, under proper conditions, prove valuable, even specific remedies, for certain conditions which might, and frequently do, attend the latter disease.

Why should physicians be unreasonable—or fail to use reason—in the consideration of remedies at any time? We want to learn from all sources. If any serum, bacterin or remedy of any sort proves its place we stand ready to use the same. But we would reflect more credit to the discoverer and to the profession should we select remedies for their known action under known conditions than if we apply them indiscriminately and bring disrepute to ourselves and medicine in general.

BEST.

MEDICAL LEGISLATION.

The winter, with the usual meetings of the state legislatures, brings the usual grist of medical laws and amendments to existing laws. Why this eternal tinkering with medical legislation should continue is beyond my understanding. Every "would-be" reformer and embryo humanitarian has some pet scheme by which he would legislate the human family into the blissful fields of eternal youth. If he possesses sufficient influence and money he will finally succeed. If he possesses the first requisite and not sufficient of the second, he can usually cajole the legislature into appropriating the second requisite.

We are not opposed to any legislation tending to improve the health of the people. Legislation improving the housing and sanitary conditions are needful. These, when made sufficiently stringent and enforced, would tend to clean up the unsavory slum districts of our cities. Were these enforced, tuberculosis would diminish without the constant agitation and expenditure of vast sums of money, which are producing as yet but little tangible results.

Laws regulating the legislation of births and deaths are wise, yet in the administration of them the state is lamentably weak. They ask the physician to obey the law, yet they themselves fail to fulfill their part, fail to furnish the physicians with the supplies required by the law and fail to notify him of change in registrars. In fact, the entire burden is placed upon the physician, the state not assuming its share of the burden as prescribed by the law.

There are many innovations in legislation recommended. The states are fast assuming a paternalistic attitude regarding the health and morals of the people. We believe it wise to improve the living conditions, yet we often wonder if the legislation does not begin at the wrong end. Rather than pay pensions and health insurance, would it not be better to compel better living conditions for the wage earner? In other words, enforce the building and sanitary code. Under "News and Notes" will be found the recommendations of the Governor of New York. He not only recommends the enactment of laws establishing minimum wages, but recommends health insurance laws as well as maternity insurance. Indiana's Governor recommends compulsory

physical education as well as mental, whole-time town and county health officials and improvement in the sanitary and health conditions among rural school children.

In our own state (Ohio) many innovations are advocated. Among them are health and old age insurance, the compulsory examination of school children, provisions being made for public nurses. All these innovations are wise if properly administered, but if administered in the manner that our state institutions for tuberculosis are administered it will do no good to those most needful, the destitute.

Possibly the most dangerous innovation is the attack upon our medical examining and registration board. It is purposed to have a one-man board, a commissioner, to be a civilian, exempting Christian Scientists from the provisions of the medical law, establishing a chiropractic board, etc.

We will all watch with interest the legislation of the coming winter. At this time it is too early to tell what the result of all this agitation will be. One thing is certain, the people have a grievance in the multiplication and duplication of high salaried officers increasing continually by the formation of commissions and boards without number; the constant tinkering with existing laws, and enactment of numberless laws which are often of a conflicting nature. M.

CRIME AND THE WAR.

At our meeting in 1917 Dr. Theo. D. Adlerman read an article entitled "Crime in Relation to Insanity, Insanity in Relation to Crime; Insanity and Crime in Relation to the Future of the United States." My attention was called to this article again by reason of the wave of crime now sweeping over not only the United States, but the world at large. In that article the author says: "Historical facts prove that after every war, or at least after those wars during which and after which statistics were compiled, certain nervous diseases and certain crimes increased to an abnormal rate. The remarkable increase of epilepsy and certain crimes and insanities after the last Franco-Prussian War of 1870 is an established fact. The fact received full substantiation by the peculiar situation developed in Germany up to date, and it is this that led me to present this paper for your consideration." The author then calls attention to the abnormal increase of crime in various portions of the German Empire soon after the present war started, to the increase in youthful criminals. Juvenile delinquency, he says, has increased in England 34 per cent. In Berlin in 1915 there were twice as many crimes among the young as had been committed in 1914. In Munich in the first three months of 1914 the number of crimes was equal to the entire number committed in 1915. Other statistics are quoted by the author to prove his contention.

The article, at the time the author read it, impressed me deeply and we have frequently thought of it and referred to it. Today our attention was again called to it by reason of a short squib in the daily paper calling attention to the wave of crime now present in Paris. Thefts, acts of violence and assaults are mentioned. In our own American cities it seems as though there was a perfect carnival of crime.

It would seem as though this would be a fruitful field for our legislators. More attention bestowed upon some method by which employment could be given to the unemployed, attention paid to the youth, educational methods for the mentally incapacitated; in fact, anything that would tend to uplift these people morally and physically is of more vital importance than quibbling for political advantage or the incessant delay occasioned by the constant flow of oratory. The field is fertile for the reformer, humanitarian and alienist and the time short in which to till it. In fact, it needs immediate attention. The demobilized armies, with their millions of unemployed young men, the unsettled state of society by reason of mental worry, grief and want, present practical problems for our legislators. M.

PROHIBITION.

The ratification by forty or more states of the constitutional amendment making the United States a dry nation carries with it some responsibilities for the doctor.

You are no doubt familiar with the recent tirade against the profession in certain channels, the assertion that our prescriptions will be watched. It will be necessary, therefore, for physicians to be careful in writing prescriptions for alcoholics. Yet, notwithstanding the aspersions cast upon the profession, we have no fear but what it will soon convince the laity the reflections cast upon it are groundless.

The Harrison anti-narcotic law caused us some inconvenience, yet the profession soon convinced the people it was lawabiding and more than willing to co-operate with the authorities in all measures enacted for the welfare of the people, morally or physically. There have been but few instances indeed where a reputable physician has been indicted for an evasion of the law.

The charge so freely made that the prohibition law will inure to the benefit of the patent medicine vendor does not appear to me to be tenable. In fact, it is simply twaddle, the idle vaporings of the political demagogue. The cry is for effect; as baseballists say, it is a grandstand play.

The profession will do its part in the enforcement of the measure. Too well do we realize the misery and misfortunes of the human race directly traceable to its abuse. Being an altruistic profession and responsible for much of the legislation having for its object the physical

uplift of the human race, we can not do otherwise but co-operate in this movement also. M.

OUR HONOR ROLL.

We have omitted the publication of the Honor Roll in this issue. Some of our men have given their lives for their country. So far as I know five of the names published have given their lives, the most recent one, Dr. Ralph Powers, killed in action in Russia. I personally feel that as a minority school we have performed our full duty to our country, and yet that country by legislation and discrimination would relegate us to oblivion. Why this should be so I can not tell. We fill the requirements of the laws of the various states, submit to the legislation enacted by the dominant school, and teach that which they fail to teach, therapeutics. In the recent epidemic the dominant school evidenced their utter helplessness only too well. It is a sad chapter in our history and is certainly no credit to the profession. Can it be possible that this therapeutic nihilism is a product of German propaganda, the Germanizing of our colleges and universities? We are all glad the conflict is over and sincerely hope our boys will soon return. America has fulfilled her duty irrespective of faith or creed. M.

The following editorial is clipped entire from the Journal of the American Medical Association and certainly bears reading:

"Deaths of Physicians in 1918.

"During 1918, the deaths of 2,616 physicians in the United States and Canada were noted in the Journal. On an estimate of 155,000 physicians, this is equivalent to an annual death rate of 16.88 per thousand. For the sixteen previous years the mortality rates were: 1917, 14.37; 1916, 14.08; 1915, 15.71; 1914, 14.41; 1913, 14.64; 1912, 14.13; 1911, 15.32; 1910, 16.96; 1909, 16.26; 1908, 17.39; 1907, 16.01; 1906, 17.20; 1905, 16.36; 1904, 17.14; 1903, 13.73, and 1902, 14.74. The average annual mortality for the period from 1902 to 1918, inclusive, was, therefore, 15.61 per thousand.

"*Ages.*—Of the decedents, 174 were under 30; 455 between 31 and 40; 499 between 41 and 50; 474 between 51 and 60; 463 between 61 and 70; 358 between 71 and 80; 160 between 81 and 90, and 18 between 91 and 100.

"*Causes of Death.*—There were 241 deaths assigned to general diseases, 261 to diseases of the nervous system, 331 to diseases of the circulatory system, 822 to diseases of the respiratory system, 98 to diseases of the digestive system, 134 to diseases of the genito-urinary system, 318 to senility, 39 to suicide, 89 to accident, 15 to homicide, and 69 after surgical operations. Among the principal assigned causes of death are:

pneumonia-influenza, 428; pneumonia, 375; senility, 318; heart disease, 212; cerebral hemorrhage, 200; nephritis, 90; accident, 89; surgical operation, 69; malignant disease, 68; tuberculosis, 60; in battle, 53; suicide, 39; arteriosclerosis, 36; angina pectoris, 32; from disease overseas, 31; septicemia and diabetes, each 29; meningitis, 23; uremia, 22; appendicitis, 16; myocarditis, homicide, anemia and dilation of the heart, each 15; cirrhosis of liver, 14; kidney disease (unclassified), 13; gastritis, 11, and many other diseases less than 10.

"Influenza-Pneumonia.—The most notable factor in the deaths of the year is the enormous increase in deaths from pneumonia, and especially from those from pneumania following influenza. During the years from 1902 to 1917, inclusive, the percentage of deaths from pneumonia to the total deaths varied from 5.62, the low mark, in 1914, to 9.47, the high mark, in 1916. With the opening of the year 1918, however, there was an increase in the deaths from pneumonia, so that for the first nine months of the year the percentage was 12.5. The enormous increase occurred in the last three months of the year, which brought the percentage of deaths from pneumonia and influenza for 1918 up to 30.69, an unprecedented mortality.

"Accident.—The causes assigned for the 89 deaths from accident were: automobile, 24; automobile-railway (grade crossing), 16; falls, 10; railway, 8; poison, 4; in conflagrations, drowning, sun-stroke and unclassified accidents, each 3; burns, injuries by animals and explosion, each 2; and roentgen-ray burns, inhalation of poisonous gases, fracture, freezing, lightning, starvation, firearms, injuries in mine, crushing and asphyxia, each one. The 39 physicians who ended their lives by suicide selected the following methods: firearms, 20; poison and cutting instruments, each 6; strangulation, 3; asphyxia, drowning, jumping from high places and unclassified, each 1. Of the 15 homicides, 11 were due to firearms, 3 to causes not stated, and one was due to cutting instruments.

"Military Service.—During the year, one physician died who had served in the Mexican War; 165 were veterans of the Civil War, and of these 37 had followed the fortunes of the Confederacy and 44 had been medical officers of the United States Volunteers. The Medical Corps of the army lost 253 officers; 13 had been contract or acting assistant surgeons. The navy lost 35 medical officers and 4 acting assistant surgeons; the Public Health Service, 10; the Indian Service, 5, and the organized militia, 33, of whom 5 had attained the grade of Surgeon-General.

"Civil Positions.—Of those who died, 2 had been members of Congress; 1, an ambassador; 2, consuls; 4, members of state senates; 24, members of the lower house of legislatures, and 33 had been mayors; 20 had been members of state boards of health; 10 of state boards of medical examiners, and 7 members of other state boards.

"*Association Fellowship.*—Of the 994 Fellows of the American Medical Association who died during 1918, one had been Vice President; 1, a member of the House of Delegates; 2, members of the Committee on Medical Legislation; 1, a member of the Judicial Council; 5, section officers, and 1 a member of the Board of Trustees."

NEWS AND NOTES.

Arizona.

Dr. E. R. Petsky has moved from Douglass to Jefferson Hotel, Phoenix.

California.

Dr. J. H. Archer has removed from Grenold, Kan., to Anaheim.

Dr. John P. Martin has removed from Reno, Nev., to Stockton, Cal. Office address, Rooms 308-309 Belding Bldg.

Connecticut.

Dr. Simon L. Katzoff, of Bridgeport, is writing a book entitled "Timely Truths on Human Health." It is aimed to have the book published in about three or four months. Though it is written for the public, it will appeal to the general practitioner as well.

Florida.

Dr. John S. Wells has removed from Arcadia to Miami.

Illinois.

The entire staff of the department of health of Chicago has collaborated in a complete report of the 1918 epidemic of influenza in a pamphlet of 114 pages. As far as the city was concerned, the epidemic began to show itself in the death returns September 21, reached its height October 17, and gradually declined until, for the week ending November 23, the death rate had again reached 16 per thousand of population, which is about the normal rate. From September 21 to November 16 there were reported 37,921 cases of influenza and 13,109 cases of pneumonia, a total of 51,030 cases. The report details the efforts of the department in co-operation with the state and national health departments and the citizens in combating the epidemic, and in charts, tables and text analyzes the figures from all aspects—age, sex, civil state, nationality, etc.—and gives for comparison figures and other information in regard to the epidemic in other cities and in the army camps. The pamphlet makes an interesting permanent record of the great epidemic, which has not yet entirely subsided, but shows still its effects in the sickness and mortality rates through recrudescences, from time to time, of greater or less extent.

The health department of Chicago has completed a survey of drug stores which has shown that during the height of the influenza epidemic, physicians made widespread use of medicine containing habit-forming drugs. Between October 1 and November 1, 1918, the survey

shows that 741,825 prescriptions had been filled in 946 drug stores in Chicago. Of these 441,641 were for influenza and pneumonia, and of the latter 104,010 were found to contain narcotics, either opium, opium derivatives, cocain or chloral.

Indiana.

Dr. E. W. Smith has returned from Rosebud, S. D., and is located at 618 South Center Street, Terre Haute.

Dr. Chester B. Gardner has located in Washington at 501 E. Main Street.

Maryland.

Plans are under way to erect five new buildings and to enlarge to twice its present capacity United States General Hospital No. 7, which is at Evergreen Junior, the residence in Guilford loaned the government by Mrs. T. Harrison Garrett as a recuperation center for blinded American soldiers. Evergeen Junior is not merely a hospital. It is an institution where men who have been suddenly plunged into blindness and despair are physically and mentally rehabilitated for civil life. Follow-up work is carried on, the soldier being followed into civil life and his surroundings arranged in a way calculated to insure his success. Lieut.-Col. James Bordley has general supervision of the work being done at the hospital, assisted by Major Nicholas I. Ardan, M. C., commanding officer of the medical and military staff; Charles F. F. Campbell, director of the Red Cross Institute Building, and Harold Molter, educational director.

New York.

Dr. Charles Loyd has changed his address from Nutley, N. J., to 468 West 144th Street, New York City.

Dr. F. E. Elliott has removed from 232 77th Street to 245 75th Street, Brooklyn, N. Y.

In his inauguration address, Governor Alfred E. Smith clearly defined his policy in reference to social and health legislation. He recommends the passage of legislation to lift labor out of the category of commodities or articles of commerce and urges legislation that will afford adequate protection to women and children. He recommends the establishment of a minimal wage commission who shall serve without compensation and who shall have the power to fix the living wage to be paid to women and minors. He recommends that the compensation law be amended in keeping with the constitutional provision, to the end that occupational diseases and injuries may be subject to its provisions. Governor Smith strongly urges the enactment of a health insurance law, which he believes will result in greater precautions being taken to prevent illness and disease, and to eliminate the consequent waste to the state therefrom. He believes also that proper provision should be made for maternity insurance and points out that other countries are far ahead of us in this respect.

The meeting of the Eclectic Medical Society of the State of New York will be held at the county courthouse April 23 and 24, 1919, in Albany. Make your arrangements early—make them now! You owe it to your profession and yourself to come to this meeting. Will you come?

The annual dinner and election of officers of the Eclectic Medical Society of Greater New York were held at the Lucca, 110 West 44th Street, New York City, December 16, 1918.

Ohio.

The regular quarterly meeting of the Ohio State Medical Board was held in Columbus January 6 and 7, 1919. Sixteen physicians were granted licenses on the basis of the previous December examination, and three candidates failed. Two candidates were licensed on reciprocity, having taken an additional practical examination. Two Osteopaths were licensed by examination, and one failed. Two chiropodists and one graduated mid-wife, by examination. The following certificates were issued on the basis of reciprocity, after prior State Board examinations: J. V. Taylor, St. Louis University 1915, Mo. 1915, intended residence New Philadelphia, O.; Mary V. Church, Kas. Med. Col. 1894, Kas. 1901, Massillon, O.; W. C. Breidenbach, Univ. Mich. 1917, Mich. 1917, Dayton, O.; K. M. Ferguson, P. & S. Baltimore 1882, Va. 1909, Massillon, O.; C. H. Ball, Maryland Univ. Baltimore 1900, N. J. 1901, N. Y. 1906, Norwalk, O.; V. P. Moisides, Univ. Mich. 1917, Mich. 1917, Cleveland; D. A. Forrer, Univ. Col. Med. Va. 1901, Va. 1901, Chillicothe; Marian V. S. Reynolds, Mich. Hom. 1891, Iowa 1900, Columbus State Hospital; Clyde Brooks, Rush 1913, Penn. 1914, Ohio State University; Eva G. Fowler, Buffalo, N. Y. 1911, N. Y. 1911, Akron; A. W. Freeman, Johns Hopkins 1905, Va. 1905, State Health Commissioner.

Reciprocity certificates issued on the basis of previous diploma registration: W. Monfort, Univ. Louisville 1887, Ky. 1893; E. W. Longanacker, Med. Col. Ohio 1884, Ind. 1897, Dayton; Edgar C. Buck, Pulte, Cincinnati 1891, Ky. 1896, Cincinnati.

The following officers were elected for 1919-20: President, Ben R. McClellan; Vice President, C. E. Sawyer; Treasurer, S. M. Sherman; Secretary, H. M. Platter. Seven physicians were cited before the board to explain their practices, having been convicted and fined under either the state agricultural law or the federal Harrison anti-narcotic law. Several were admonished and others had their cases continued pending good behavior. The board decided to request the dismissal of the optometry suit, to enjoin the board from issuing licenses to optometrists, as the courts have held that under the present law this is not a limited branch of the practice of medicine. Fees for applications will be returned. The board will hold a special meeting in January to consider the cases of physicians and nurses who "profiteered" in the recent influenza epidemic.

W. R. Ruble has removed from Martinsville to Wilmington.

M. M. Brubaker has removed from Covington to Troy.

Dr. Ralph E. Powers is in Russia, south from Archangel, where communication will be cut off until next May or June. He is with the Michigan troops. An interesting letter from him appears in the Cleveland Plain Dealer of January 7, 1919. Later dispatches report him killed in action January 22. The editor extends sympathy to the family.

Lt. Charles S. Amidon has been honorably discharged from the Medical Corps and has resumed his practice at his office in the Livingston Building, Cincinnati, O.

D. R. Price is located at New Straitsville.

J. B. Alexander has opened an office at 3727 Harrison Avenue, Cheviot, O.

W. E. Postle, M.D., has sold the Shepard Sanitarium to the Big Sisters' Association. The sanitarium has a record of sixty-six years' existence. Dr. Postle has not made definite plans as to his own future at this time.

Dr. James A. Sherman, for several years treasurer of the Ohio society, has removed to Allerton, Mass.

Mrs. Susan H. Wuist, wife of Dr. J. F. Wuist, secretary of the Ohio society, has been elected Worthy Grand Matron of the Grand Chapter, Order of Eastern Star of Ohio.

Oregon.

Dr. U. C. Coe has removed from Bend to Portland.

West Virginia.

Dr. W. M. York, of Williamson, W. Va., has been elected to the West Virginia state Senate.

Grady V. Morgan is located at Fairmont, where he is district physician for the Jamison Coal Co.

MISCELLANEOUS.

Drink Control.

The shortage of food during the war led to great restriction in the production and consumption of alcoholic drinks. The effect on the amount of intoxication fromed the basis of a paper by Lord D'Abernon, chairman of the Central Control Board (Liquor Traffic) on the causes of drunkenness. It might be supposed that excessive drinking is mainly due to bad environment, such as bad housing, insufficient amenities for food and refreshment, absence of healthy recreation, excessive number of saloons, and custom; or, on the other hand, that drinking is due to morbid predisposition of the individual. The importance of environment is shown by the statistics given in the accompanying tables,

EFFECT AND CONTROL OF DRINK TRAFFIC.

Year	Convictions for Drunkenness	Deaths from Alcoholism, Excluding Cirrhosis of the Liver	Deaths from Cirrhosis of the Liver	Deaths from Suffocation in Infancy
1913	35,765	719	1,665	1,266
1914	37,311	680	1,773	1,233
1915	33,211	584	1,525	1.021
1916	21,245	333	1,163	744
1917	12,307	222	808	704

CASES OF DELIRIUM TREMENS TREATED IN CERTAIN POOR LAW INFIRMARIES (WOMEN ONLY).

	Number of Cases
Prewar, 1914-1914	214
Precontrol, 1914-1915	239
First year of control, 1915-1916	121
Second year of control, 1916-1917	45

which contrast the positions before and after the drink traffic was controlled as a war measure. Thus, under a system of regulation of the conditions of drinking, re-enforced by such indirect influences as the provision of canteen facilities, drunkenness in women, as compared with the year 1913, had been reduced to 60.6 per cent., their mortality from alcoholism and from cirrhosis of the liver had decreased by 69.1 per cent. and 51.5 per cent., respectively; the frequency of delirium tremens in women had fallen by 79 per cent., and the deaths from suffocation in infancy by 42.6 per cent. An even greater falling off had been brought about, within the same period, in the drunkards amenable to the inebriates acts. Thus, the number of persons proceeded against for habitual drunkenness in England and Wales in 1913 amounted to 332, but was only 27 in 1917. The admissions to inebriate reformatories similarly declined from 310 to 29—a result, however, to which other factors perhaps contributed.

Newspapers from Cape Town and Johannesburg, South Africa, covering the latter part of October describe the influenza situation as extremely serious. Although the proposal to close up all places of business was defeated at a special meeting of the Chamber of Commerce of Cape Town, yet the town was practically at a standstill as far as business was concerned and the streets were deserted. The number of cases of influenza was large and the deaths were so many that the bodies could not be taken care of. Many were collected on the beach awaiting burial. Physicians, nurses and volunteer aids were overworked, and many patients died without having any attention of any sort. Nurses would visit houses among the natives and perhaps find several dead with others ill, none of them having had any care. Everything possible was done by the authorities to relieve the situation. Vaccines were prepared and administered to the extent of the supply that could be manufactured. Depots or aid stations were established

throughout the municipal area both at Cape Town and at Johannesburg, where the situation was about the same as at the former place. These were the headquarters for the efforts at controlling the situation in different sections. The proportion of serious cases was large, and at Johannesburg the mortality was about 30 per cent. At one time forty-two of the nurses at the Johannesburg Hospital were ill, as also a number of the members of the staff of physicians. Dr. R. P. MacKenzie, superintendent of the hospital, speaking of the disease, said: "The majority of medical men in Johannesburg have seen nothing so terrible as the present epidemic. In 1890 Edinburgh was seized with an epidemic of Russian influenza, but it was a mere flea bite compared to what Johannesburg is going through today. We are not yet attacked with pneumonic plague, but I admit that clinically the symptoms of many victims are exactly the same as those of pneumonic plague; but we have not got the plague. Our slum areas and the poor condition of the unfortunates living in them have combined to give the disease such impetus as to assume plague proportions. Other cities and towns in South Africa also reported great prevalence of the disease."

Let an enterprising pharmaceutical house bring forward a remedy for a certain disease and advertise it in a pseudoscientific way, and the profession will not fail to adopt and use it until another advertised remedy displaces it. It does not matter whether it be a revived old remedy, a new one, or an old one dressed in a new garb; whether it be a chemical or an animal extract, a heterogenous vaccine, the profession is always ready to welcome the new medicinal recruit and give it a place in its multitudinous armamentarium. Wherein lies the fault? It is due, partly, to our blind devotion to our old-time drugs, which should have been relegated to the attic years ago, and, partly, to our fickleness created by overenterprising pharmaceutical houses.—Ravitch and Steinberg, Kentucky Medical Journal.

As reported from Washington December 10, out of 338,257 cases of influenza among the troops there were 17,000 deaths during the epidemic. In an address before the Association of Life Insurance Presidents in New York early in December, Henry Moir, president of the Actuarial Society of America, suggested that the total of about 400,000 deaths from the disease in this country meant an economic waste of ten million years.

The prevalence of influenza throughout the country is still great, with the general death rate increased over the normal by this disease and its complicating pneumonia. In no place, perhaps, is the disease occurring as frequently as at the height of the first wave in October and November. In most places there is a gradual subsidence as compared with the situation the first week or two following the peace cele-

brations, when there was an accession of cases. Indiana, for instance, reports a general and notable improvement, as do Wisconsin and Michigan. The army camps report a decided improvement. December 21 the Ohio State Medical Association, through its executive secretary, asked the Secretary of War to release at least two hundred Ohio physicians from the military service to aid in combating influenza in the rural districts of the state. Montana reports a regression in most communities, but in some there is still necessity for active measures. At Augusta, Me., December 17, restrictive measures, which had been suspended, were again to be enforced. In Alabama the disease was still the subject of concern by the state and local health authorities, especially at Montgomery. At Richmond, Va., it was reported, December 18, that of the 24,000 city school children, one-third were absent from the schools on account of the disease and the quarantine requirementts in families having the disease. Illinois shows some improvements, but state officials warn that precautionary measures must not be relaxed. In Chicago and the north shore villages the situation was improving December 24. On that date there were 381 new cases of influenza and 126 new cases of pneumonia in Chicago, with eighty deaths from influenza and forty-three from pneumonia. There were twelve deaths in Evanston and the ban was not to be lifted on Christmas.

In the Convocation Hall of the University of Toronto, Major Frankwood E. Williams, New York City, M. C., U. S. Army, recently gave an address under the auspices of the Canadian National Committee for Mental Hygiene. He doubted if many had a true conception of the problem presented by mental diseases. He gave figures for New York state and Massachusetts showing that 6,000 new cases enter the hospitals in the former every year and 3,000 every year in the latter. He considered prevention rather than cure the essential way to handle the problem. The United States army officers have learned from Canada and Great Britain that mental diseases and nervous diseases present a large problem in all armies. The problem must be tackled on the ground of prevention if they wished to get at the root of the matter, and the persons with mental or nervous diseases should be studied as individuals and not as criminals. When they were understood, protected and advised they could get along on their own level in any community.

OBITUARY.

Billingsley, C. V., California Eclectic Medical College, Los Angeles, 1914, died at his home in Santa Ana, Cal., November 3, aged thirty.

Cooper, John, Eclectic Medical Institute, Cincinnati, 1870, died at his home in Blackfoot, Idaho, December 17, aged seventy-seven.

Cosford, Mary V., Eclectic Medical Institute, Cincinnati, 1885, died at her home in Spokane, Wash., October 28, 1918, aged sixty-five.

Coutre, Alfred N., California Eclectic Medical College, Los Angeles, 1896, died at Sacramento, Cal., December 26.

Englerth, B. L., of Anna Ohio Eclectic Medical Institute, 1915, died in France from pneumonia December 16, 1918.

Hasbrouck, Richard A., Bennett Medical College, Chicago, 1882, died at his home in Salt Lake City, Utah, October 24, aged sixty.

Hughes, James R., Georgia Eclectic Medical College, Atlanta, Ga., 1913, died at Atlanta, Ga., October 12, aged thirty-seven.

Jacobs, M. C., Eclectic Medical College, Cincinnati, 1866, died at Kansas City, Mo., November 13, aged eighty.

Johnson, William T., Eclectic Medical Institute, Cincinnati, 1885, member of the Nebraska State and National Eclectic Medical Associations. Was found dead in his automobile near his home, Pawnee City, Okla., December 18, aged fifty-eight.

Kennedy, Daniel P., Eclectic Medical Institute, Cincinnati, 1870, died at his home in Martinsville, Ind., January 16, aged seventy-three.

Lieser, William Adam, of Ft. Recovery, O., Eclectic Medical Institute, Cincinnati, 1914, died in France from wounds received in action, aged thirty-four.

Lockwood, F. W. C., New York Eclectic Medical College, New York, 1885, died at Greenwich, Conn., November 13.

Loy, Jacob, Eclectic Medical Institute, Cincinnati, 1853, died at Cedar Rapids, Iowa, January 9, aged ninety-one.

Martin, Melville C., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1882, died at his home in Atlanta, Ga., December 19, aged seventy.

McGavran, George W., Eclectic Medical Institute, Cincinnati, 1873, died at his home in Van Wert, O., October 24, aged sixty-seven.

McClain, Mandaville W., of Vera Cruz, Ind., American Eclectic Medical College, Cincinnati, 1896, died at Bluffton, Ind., December 28, aged forty-seven.

Meyer, Max, Eclectic Medical College of the City of New York, 1897, member of the New York State and National Eclectic Medical Associations, died at his home in New York City, December 23, aged sixty-four.

Murray, C. L., California Medical College, 1890, member of the California State and National Eclectic Medical Societies, died at his home in Sacramento, Cal.

Parliament, D. H., of Covington, Ga., died at Camp Dix, Wrightstown, N. J., October 2, 1918, of pneumonia following influenza.

Powers, Ralph E., Eclectic Medical Institute, Cincinnati, 1913, killed in action in Russia, near Archangel, January 22.

Rathburn, James Corbett, Bennett Medical College, Chicago, 1909, died November 13, aged thirty-seven.

Schneerer, Frederick W., Eclectic Medical Institute, Cincinnati, 1873,

member of the Ohio and National Eclectic Medical Associations, died at his home in Norwalk, O., December 20, aged sixty-eight.

Schrote, James Lawrence, Eclectic Medical Institute, Cincinnati, 1886, died at his home in Vanlue, O., October 22, aged fifty-eight.

Smith, J. D. G., Georgia Eclectic Medical College, Atlanta, Ga., 1912, died at Trolfo, Ga., aged thirty.

Smith, George W., American Eclectic Medical College of Ohio, Cincinnati, 1879, died at his home in Minneapolis, Kan., December 6.

Strouse, Lee, Eclectic Medical College, Cincinnati, 1887, died at his home in Hyde Park, Cincinnati, O., November 30.

Tanner, Henry S., Eclectic Medical Institute, Cincinnati, 1859, died at San Diego, Cal., December 28.

Tilden, Adelbert D., Eclectic Medical Institute, Cincinnati, 1876, died at his home in Riverside, Cal., January 11.

Welty, S. F., Eclectic Medical Institute, Cincinnati, member of the Ohio State and National Eclectic Medical Associations, died at his home in Hicksville, O. December 8.

Whitford, Hiram, Eclectic Medical Institute, Cincinnati, 1860, member of the New York State and National Eclectic Medical Associations, died at his home in Bridgewater, N. Y., October 26, aged ninety-two.

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Advantages of Pasadyne.—Its innocuousness, a quality it possesses notwithstanding its singularly potent therapeutic properties, makes Pasadyne (Daniel) of particular value in women and children for long continued administration.

When it is recalled that Pasadyne (Daniel), which is merely the distinctive name for a pure concentrated tincture of passiflora incarnata, will perform every service expected of a sedative, then its superiority over the usual run of sedatives will at once be appreciated.

A sample bottle of Pasadyne may be had by addressing John B. Daniel, Inc., Atlanta, Ga.

Putting Vim into Chlorotic Girls.—In the case of the pasty-faced, apathetic girl or young woman, who is forever on the verge of a serious illness, for no other reason than lack of vitality and ordinary tissue resistance, cod liver oil is the one therapeutic agent that should be chosen. But these patients can not tolerate the plain oil by reason of its unpalatableness and a pleasant preparation, such as Cord. Ext. Ol. Morrhuae Comp. (Hagee) should be chosen. Cord. Ext. Ol. Morrhuae Comp. (Hagee) contains every therapeutic and nutritional virtue of the plain oil, and as it is palatable and may be continued for long periods, it is the ideal agent for young women of the chlorotic type. It makes the blood-stream richer, adds to the powers of resistance, and lifts them out of the near-invalid class. Cord. Ext. Ol. Morrhuae Comp. (Hagee) is everything that plain cod liver oil is except disagreeable.

The Annual Report of the Surgeon General, U. S. Army, for 1918 (including statistics for the calendar year 1917 and activities for the fiscal year ending June 30, 1918), has just been issued from the Government Printing Office. It contains a comparative study of the health of the army, 1820-1917; an account of the health of the mobilization camps and of the army by countries; a consideration (seventy pages in extent) of the principal epidemics in the camps, and a discussion of fractures and operations. Nearly 200 pages are devoted to the special activities of the Medical Department—with the American Expeditionary Forces and in the divisions of sanitation, hospitals, supplies, laboratories and infectious diseases, internal medicine, general surgery, orthopedics, head surgery, neurology and psychiatry, psychology, food, and the Dental and Veterinary Corps. In addition to the usual tables of illness, discharge for disability and death, there are given tables of battle wounds and operations, of complications of various diseases and of case mortality. The text is illustrated by seventy-three charts. Altogether the report is a study of health and morbidity in an army of over 1,500,000 men, for the most part yet in the period of training. It should be of interest to epidemiologists, vital statisticians and army medical men.

The Answer to Uncle Sam.—The recent request of the U. S. Public Health Department for co-operative action on the part of physicians in the fight against venereal diseases brings before the profession a phase of the subject that should no longer be ignored. War upon "segregated districts" and the reclamation activities of social workers have only resulted in the present necessity for drastic action, which proves that a successful issue can be attained only by methods of medication which take the menace out of the "venereal peril." Until recently the profession has been seriously handicapped by having no dependable remedies available for other than temporarily overcoming venereal infection. This has been particularly true of gonococcic infection, with the result that the venereal demon has fastened his fangs into generation after generation of American manhood, menacing the entire noble structure. Now, however, this peril is being successfully combated, according to authentic clinical reports, by proteogens, a product of the Merrell Laboratories, in Cincinnati, and the response by the medical profession to Uncle Sam's call for help will be an effective one if this reliable remedy is employed.

While a quarter of a century has brought no new remedy for influenza, since synthetics and quinine are not to be depended on, the best results are still obtained from the salicylates which become anti-microbic in the blood. Hence, Tongaline is particularly indicated for influenza, because, in addition to the action of the salicylates, it exerts pronounced alterative and eliminative effects, whereby the poisons in the system are promptly and thoroughly expelled.

Women in the World's Progress.—In this day when women's work is so important in keeping the wheels of the world's progress moving, their physical condition should be conserved in every way, whether it be in the home, in commercial offices, or in the hospital as a nurse, as the value of their services is beyond calculation. But, unfortunately, much time is lost through menstrual irregularities, and much suffering incident to the pain thereto.

Dysmenorrhea is possibly the most frequent cause for the loss of time, and in mitigating this condition, not alone is the conservation of time an item, but the relief from pain is a humanitarian act.

In the treatment of dysmenorrhea, Hayden's Viburnum Compound will add many hours and days of comfort each month to the lives of the sufferers. Its universal adoption and recognition by the profession was established upon the satisfactory results which it renders in dysmenorrhea.

Given in two teaspoonful doses administered in hot water will afford relief from pain. It contains no narcotics nor habit forming drugs, and if you are not familiar with its efficiency, a request to the New York Pharmaceutical Company, Bedford Springs, Bedford, Mass., will bring you samples for clinical demonstration and a brochure giving formula and many suggestive thoughts in the use of this product.

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PRACTICAL POINTS ABOUT BLOOD PRESSURE AND THE USE OF THE SPHYGMOMANOMETER.

N. A. GRAVES, M.D., CHICAGO, ILL.

Within the last few years the pressure of the blood in the arteries has been given much careful study. So valuable a symptom is the blood pressure in diagnosis and prognosis that an instrument for taking blood pressure should be a part of each physician's equipment, and no examination should be considered complete without a carefully taken blood pressure.

In order to place any significance upon blood pressure the normal pressure must be established, and the general opinion is that a normal systolic ranges from 100 to 140 mm. of Hg. between the ages of 20 and 50, while a normal diastolic is from 25 to 50 mm. below these points. A normal pulse pressure, therefore, for this period of life will be from 25 to 50 mm. of Hg.

Blood pressure should be taken a number of times and over a considerable period of time before any positive deductions can be made as to chronicity of disease and as to its significance in regard to pathology. A variation of from 5 to 10 mm. one way or the other has very little significance in either diagnosis or prognosis, but a persistently high or low blood pressure is indicative of pathological conditions.

Blood pressure readings should be taken with the patient in the same position at each reading and should be taken with the patient lying down or when he is in a position of rest.

Many elements enter into the consideration of pressure. It may be suddenly increased by eating a hearty meal, by excitement or exercise, by drinking or smoking, but such pressure is not long maintained and is of no pathological significance further than that it is a warning to the individual against the continuation of these conditions which bring about such increase.

Blood pressure is best taken by the auscultatory method. The cuff should be carefully adjusted to the arm above the elbow, the stethoscope placed over the forearm just below the elbow and compression made rapidly until the sounds over the blood-vessels are gone. The pressure is now gently released and the first clear beats heard may be termed the systolic blood pressure. Pressure is further released until sound again begins to disappear. This is the period of relaxation of the heart and is known as

the diastolic blood pressure. These periods have been subdivided, but for practical purposes we need consider but the two markings.

The difference between the systolic and diastolic pressure is known as the pulse pressure and this is the important factor in the determination of a certain class of diseases.

Let us now consider some of those diseases in which we have an almost constant hyper-tension. Hyper-tension is brought about very frequently by continuous overeating or by drinking or by over-smoking. It is not infrequent to find that the smoking of a single strong cigar will increase the blood pressure 10 to 20 mm. of Hg. in certain individuals. This is also true of eating a very heavy, stimulating meal or of drinking a few glasses of whiskey, and these are factors in causing hardening of the blood-vessels—arteriosclerosis—which in turn leads to a continuous hyper-tension. Such sclerosis may be massive or may be confined to certain arterial areas, i. e., the heart and its blood vessels, the splanchnic area, the brain, the gastric or the kidneys. Under these circumstances we have a continued hyper-tension, the systolic running from 150 to 300, with a diastolic 25 to 40 or more mm. below, so long as the heart is able to maintain such pressure.

Continuous hyper-tension is frequent in cases of chronic nephritis, the blood pressure instrument showing a systolic pressure of from 150 to 200 mm. or more. An acute nephritis is associated with a slight rise in blood pressure, but this usually subsides promptly.

Next in importance come the diseases of the heart, and principal among these is aortic insufficiency, where the systole is usually high, from 150 to 200, while the diastole is particularly low, the pulse pressure being anywhere from 50 to 150 mm. I have seen one case in which the diastolic pressure was 10; in fact the pistol-like sounds could be heard before compressing the brachial arteries, and the systolic pressure was nearly 200. In mitral regurgitation the general blood pressure picture is high, but the pulse pressure is nearly normal if there is good compensation. Failure in compensation, however, is indicated by a decided decrease in the blood pressure picture and a marked decrease in the pulse pressure, which may become 10, 15 or 20 mm. of Hg.

The stenotic murmurs are usually accompanied by a low blood pressure picture unless there be an associated regurgitation.

Simple endocardiac diseases in their beginning do not affect blood pressure. Malignant endocarditis, associated as it usually is with mild cardial degeneration, shows an early lowered decrease in pulse pressure, and the end may frequently be foretold by the pulse pressure decreasing so that it is difficult to determine the systolic from the diastolic pressure. If myocarditis is accompanied with decided hypertrophy, without marked degenerative changes, the blood pressure picture is usually increased. When any disease of the heart is accompanied by kidney and blood-vessel changes, the prognosis in such case depends to a certain extent upon a continued high blood pressure picture, and when the blood pressure falls or the pulse pressure becomes markedly lower a fatal termination is usually foretold.

Apoplexy is always accompanied by a very high blood pressure picture. The systole is rarely below 175 and frequently may be 300; the diastolic pressure is from 20 to 40 per cent. below this. Cerebral embolism may be determined with fair readiness from cerebral apoplexy by the fact that it is usually associated with low blood pressure. Of course, neither apoplexy nor embolism can be diagnosed by blood pressure alone, but when the symptoms are similar and the blood pressure picture is high one may be positive that the case is one of apoplexy.

Uremia is also associated with a decided increase in blood pressure, and one may receive aid in differential diagnosis by remembering that the blood pressure in alcoholic or epileptic coma is usually lowered, while in uremia it is quite decidedly increased.

Exposure to cold or chilling the body increases blood pressure remarkably. During a chill the blood pressure may be increased 40 to 60 mm.

In the acute diseases blood pressure is sometimes a symptom of value. In typhoid fever the pressure is rather low, in pneumonia the pressure remains normal or slightly increased, and the Gibson rule has a certain prognostic value. Gibson states that when the systolic pressure, expressed in mm., does not fall below the pulse rate, expressed in beats per minute, the fact is of good prognosis, but when the pulse rate per minute is higher than the mm. of pressure, the equilibrium of the circulation is seriously disturbed.

There are some refractive errors in the aged which also are associated with high blood pressure and show a tendency toward general sclerosis of the arteries of the brain.

Persistent hypo-tension is present in a certain class of diseases characterized by exhaustion, whether mental or physical. We find a hypo-tension in all of the anemias, in the majority of cases of diabetes mellitus and in tuberculosis. The taking of a number of blood pressures is absolutely necessary in order to form any definite conclusion. In case of incipient tuberculosis occuring in a young adult the blood pressure picture is invariably lowered; the systolic readings average about 100 while the diastolic will run from 60 to 70 and may be much lower. Where these conditions persist day after day for a period of a week or more it is an important symptom in the determination of incipient tuberculosis.

Aortic aneurysm, if it be small, may show an increased blood pressure, but as time goes by and the aneurysm becomes larger the pressure gradually falls until there is a decided decrease in the blood pressure picture; and usually this differs in the two arms, being considerably greater in one arm than in the other.

These are some of the conditions that show a high or a low blood pressure picture and which influence us in the diagnosis or the prognosis of some of these diseases. The blood pressure in itself should be used, not as an evidence of any disease, but should be taken only in consideration with other symptoms. A single blood pressure examination may have little influence upon a diagnosis, but a number of them taken as one takes tem-

perature or pulse rate have very decided influence in the determination of the disease and oftentimes in the prognosis.

The treatment of blood pressure depends, of course, upon the cause, and careful and repeated examinations must be made in order to determine this. There are certain cases, however, in which no definite cause can be discovered, and it is necessary for us to use all means at our command to bring about a more normal condition of blood tension. First in importance is rest. In either hyper-tension or hypo-tension rest is a great essential in the treatment. This should be accompanied, of course, by sunshine and good air, by keeping the body clean with warm baths (neither hot nor cold baths are to be recommended in an abnormal blood condition); the bowels should be kept freely open and water drunk in sufficient quantities to produce activity of the kidneys. If an individual's habits are at fault these must be corrected; the diet should be simple and consist largely of carbohydrates, taking protein in small quantities only.

Medicinally, there are several remedies that are of particular value. They should be used only when indicated, and among those most frequently of value in hyper-tension are sodium bicarbonate and Epsom salts, potassium iodine and the nitrates of sodium and of potassium. In hypo-tension the general tonics, iron, manganese, strychnia and such remedies as hydrastis, gentian and quinine are frequently valuable.

We must ever keep in mind the fact that the patient is to be treated; that all conditions are to be considered, and that blood pressure is not a disease but a symptom of a diseased condition, and that the patient is to be treated, not for the blood pressure, but for the causal factor.

DISCUSSION.

Dr. Z. L. Baldwin (Kalamazoo, Mich.): You have given us a clear-cut description of the sphygmomanometer. I would like to ask what experience you have had in using it in connection with the ductless glands—the thyroid and pituitary especially.

Dr. William P. Best (Indianapolis): Have you observed any difference, and if so how much, in the blood pressure subsequent to a case of cerebral hemorrhage compared to the pressure previous to the hemorrhage?

Dr. J. C. Mitchell (Louisville, Ky.): I was taught by you and since then in Chicago to tell some of the blood pressure by the tactile sense in the finger ends. Have you noticed any difference in what your finger tells you and what the instrument tells you?

Dr. T. D. Hollingsworth (Akron, O.): I do not believe there is any use in taking blood pressure readings unless you use a stethoscope to do it. I do not believe anybody can tell with their fingers. Dr. Baker of Johns Hopkins said that if you add one hundred to a person's age you come to the normal blood pressure for that age. He also said that many people were scared by the doctor taking the blood pressure, and he thought too much stress was laid on taking it a great number of times. After taking it a few times he thought you could do better by not doing it for a month. He also thought that the increase above or below normal amounted to a very little. He was talking about arterio-sclerosis of the kidney.

Dr. J. E. G. Waddington (Detroit, Mich.): I would like you to explain the pathology that we get very often in office practice—women thirty or

forty years of age that complain of nervousness, and who have a blood pressure always over two hundred. You find no organic lesion of the heart, and the urinalysis shows no albumin, but still we have this high blood pressure and nervous irritability. They have had this for perhaps several months, but we find nothing to account for it. How would you explain that pathology?

Dr. Larson (Wisconsin): I have oftentimes found the blood pressure to be 220 in women thirty-two to thirty-six years of age, and nothing sclerotic at all—nothing except pelvic disorder, ovarian cysts, fibroid tumors, etc.—and after operation they recover and the blood pressure goes to normal.

Dr. Finley Ellingwood (Chicago): I would like to ask Doctor Graves to give us a few suggestions as to the best remedies to use in reducing the blood pressure.

Dr. E. G. Sharp (Guthrie, Okla.): I have been a very interested listener. I have been using a blood pressure instrument for a number of years and I still discover that there is a good deal about it I do not know. Along the line of the frequent use of the blood pressure instrument, I might state an illustration to you. A patient came into my office a short time ago, a man seventy-eight years of age. He came from a neighboring town, and his physician told him his sole trouble was high blood pressure. This produced a psychological effect on that man that made him a real invalid. His wife told me that since the doctor had discovered arteriosclerosis to be the trouble he had worried about it constantly. I took his blood pressure and found it to be 184. I really did not consider that very much out of the way for his age. I did not tell him very much, only that his blood pressure was a little high, but that it was not as abnormal as I expected, gave him some treatment, principally dietetic, and advised him to see me again in two weeks. At that time the blood pressure was not materially reduced, but I encouraged him by keeping from him the exact blood pressure, and told him his condition was better. I told his wife that I considered his ailment was nothing more than the arteriosclerosis of the average man of his age, and that if we could get his mind diverted he would get well without much medication. We worked along that line, and the next time I saw him his blood pressure was not above 170—the systolic. I told him that it was materially reduced and that he was getting better right along. I bore down on the psychological phase of the case, and really, I believe, that was the important thing with him and I doubt very much in my own mind whether that man's blood pressure was very much above what we would expect in a man almost eighty years of age. I think the greatest trouble had been the impression made on him by his former physician, and he worried so that his life was miserable.

Dr. W. E. Kinnett (Peoria, Ill.): Do you not have patients come into the office to have their blood pressure taken—they do not care what is the matter, they just want their blood pressure? I have patients who come every few days for that. They are willing to pay for it, but they want to know whether it is high or low. If you tell them they have a high blood pressure it scares them to death.

I think Doctor Graves has given us some very fine ideas. I heard him give an address on this several years ago and I have followed his instructions since and they have been very beneficial to me.

Dr. F. B. Crowell (Lawrence, Mich.): I am satisfied we are more scared than hurt in these cases of high blood pressure. I recall a case I had five years ago, a man eighty years of age, whose blood pressure was 280. He had an enlarged prostate gland, and when that was removed he recovered.

Dr. J. D. McCann (Monticello, Ind.): I do not think we know any

better how to treat our patients since we have this blood pressure apparatus than before. I think they are a good means of scaring people almost to death. I sent one of my patients to another man for expert treatment and if he had kept on under that man he would have been in an asylum, but he stayed with me and is able to do his normal duties today. While I realize that the blood pressure instruments must be used in all examinations for life insurance, I can not say that I am infatuated with it as a diagnostic instrument in my hands. We realize that a man who is full-blooded will have a higher blood pressure than a man of slender build. That was one thing that induced me to come to this meeting, was this subject of blood pressure. I do not know very much about it, and I am here to learn it.

Dr. T. D. Adlerman (New York City): Of course the value of the instrument is well established, but I much differ with the writer of the paper when he says that we have to use it in order to diagnose an attack of epilepsy. That sounds far-fetched. The symptoms you get in an attack of epilepsy are so well established and pronounced that you do not need any instrument to help you make a diagnosis. In fact, you find very few men using it in cases of epilepsy. I would consider myself a very poor diagnostician if I had to use this instrument to diagnose a case of epilepsy.

Dr. N. A. Graves (Chicago): Dr. Baldwin spoke of the ductless glands. The general picture of the blood pressure in this disease is that of low pressure. As to the causology of these cases I have not time to go into that, but the general picture of disease of the ductless glands—adrenals and thyroids—is low. Not only the systolic, but the pulse pressure is low in a great majority of cases. I have tested this in a good many cases, because I have under my observation some 2,500 cases of tuberculosis associated with glandular disease. I have some eight or ten dispensaries in Chicago where we are examining day after day many of these cases, and I have taken the blood pressure in hundreds of cases.

As to what Dr. Adlerman says, I never make a diagnosis with the sphygmomanometer; I do not want you to understand that. You can not make a diagnosis with it. I say this, that it is one of the instruments of precision in certain diseases—those I have mentioned. But it was not epilepsy I spoke of, because that is readily diagnosed, but it is oftentimes difficult to make a diagnosis between apoplexy coma or a cerebral thrombosis and alcohol coma. I did say that this is one of the material aids in determining the diagnosis between these comas. It is one of the things that you look at just as you examine the pupils of the eye to determine whether any one has apoplexy.

In regard to taking the blood pressure, it is one of the instruments of precision and you should use it in the general examination of every case you have. Not that you should take it time after time and attempt to scare people into believing that they are sick, because I think that would be as bad as not taking it at all, but where a person has a high blood pressure continuously there is something wrong and it is up to you to find out what it is. This instrument is simply an indicator of diseased conditions.

As regards the age, the rule of Doctor Barker is a good one.

I can not agree with the doctor relative to what may be termed neurasthenic patients. In my own experience the blood pressure in these women in practically every case is low, unless at the seat of the trouble there is beginning kidney trouble or sclerosis of the splanchnics, but if you have an individual who has a continual high blood pressure, that individual has some organic disease and it is high time that this patient was very, very carefully watched over for a considerable period of time. You will find invariably that such patients will develop some organic trouble.

In regard to the treatment, the treatment of the blood pressure is the treatment of the individual and it consists very largely of psychic treatment, treating the individual's mind, and then general hygienic treatment, careful diet, a careful rest period, graduated exercises, care of the bowels, care of the bath—all those things enter into the treatment of a case that has a high blood pressure. The value of the blood pressure instrument is that it is an indicator of the possibilities of future disease.

VERATRUM IN THE TREATMENT OF INCREASED BLOOD PRESSURE.

H. H. Helbing, M.D., St. Louis, Mo.

The symptoms present in cases of increased blood pressure are headache, vertigo, nervousness, etc. All the cases I have had were over 50 years of age. It is usually due to arteriosclerosis, though there may be a heart lesion present causing it, or the heart lesion may be coincident with the sclerosis.

I have taken results or tabulated six cases which will give us an average of practically all cases of this nature that I have treated the past year.

Mrs. L., age 56, has the usual symptoms accompanying high blood pressure. She also has articular rheumatism. Systolic pressure 190, diastolic 90. She has asthma, so I gave her ptelia, lycopus, veratrum and gelsemium, all specifics, putting in one dram of veratrum and half-dram of gelsemium to four-ounce mixture, and a teaspoonful every three hours. In two weeks she returned and I found the blood pressure systolic 165, diastolic 85. In connection with the treatment I excluded coffee, meat, pies, pastry, greasy and highly seasoned foods from the diet. I now gave her one and one-half drams of veratrum, one grain elaterium, ten drops belladonna and eight pellets Abbott's colchicine to the four-ounce mixture. In a week or ten days systolic pressure was down to 150, diastolic 65. Her symptoms were all gone, but she has extreme sensitiveness approaching pain on the surface of the thighs simulating herpes, due, no doubt, to nervousness.

Mrs. W., age 58, has the usual symptoms of high blood pressure, which proved to be systolic 200, diastolic 110. The usual ℞, veratrum one dram to one and a half, belladonna ten drops, elaterium one grain in four ounces menstruum, brought her blood pressure down to 160 in a short time. If you wish to bring it down more quickly give larger doses of elaterium to hydragogue cathartic effect and you will succeed. As soon as her blood pressure was reduced her disagreeable symptoms disappeared.

Mr. E. B. J., age 73, has the usual symptoms and in addition has a mental disturbance, says he is disposed to fight and has murderous impulses. Systolic pressure 250, diastolic 100. Owing to the fact he has flatulency and autotoxemia, we examined the urine and found indican. In addition to the the usual remedy, we gave him dilute sulphuric acid ʒ 1, syrup orange peel ʒ3; mix and give one drachm after each meal. For a long continued treatment, of course, iodides are used, especially in the aged.

Mrs. E., age about 60, had a stroke of paralysis two or three months

previous to my being called. I asked her if the physician she called took her blood pressure, and she said no. Of course, only few physicians are equipped with such an apparatus, but it is important that we do equip ourselves with the instrument and use it frequently, for many of these cases will be treated more intelligently providing we know exactly the conditions present. It is impossible to know what the blood pressure is by simply feeling the pulse, contrary to the belief of some physicians. This patient's blood pressure was only 170 when I first examined her. I do not see how it had been reduced either, for her physician had not dieted her nor apparently treated her to reduce her blood pressure, but he told her he was giving her tonics. Certain tonics were contraindicated in her case. I put her on the usual treatment, including iodides, and she is rapidly regaining the use of her limbs.

The other cases are so similar to the ones enumerated that it will be useless to take up further time. I merely wished to convey to you the importance of ascertaining the blood pressure in some of your chronic cases.

DISCUSSION.

Dr. T. D. Adlerman (New York): In regard to high blood pressure in certain cases, I rely mainly on sodium iodide or veratrum in small doses. A great many cases I get are due to the fact that their general practitioner does not take the trouble to examine the case; this is not reflecting on any one here; I am speaking of my experience in my section of the country. A man will come in with a high blood pressure; he may say he has dizzy spells, and instead of taking the case and examining it thoroughly the doctor will give him strychnia or arsenic, which are contraindicated.

I doubt whether there is any mental condition due to blood pressure. Blood pressure, of itself alone, will never produce insanity.

Dr. Wm. R. Gregory (Berea, Ohio): High blood pressure is probably more misinterpreted than any other one element. I have been rather exasperated by two cases, one a lady past fifty, with a constantly rapid heart—not particularly dangerous, only her rapid heart was caused by a long-standing astigmatism, and her physician was giving her nitroglycerin pills. A more serious case was a man of 64, and really his case was serious, because he was threatened with cerebral hemorrhage. His doctor was giving him strophanthus and digitalis. I say every man who has a license to practice medicine should be thoroughly coached in giving veratrum, gelsemium, apocynum and cactus. Apocynum will relieve that high blood pressure very much; it will unload the kidneys, and very often that is the cause of the high blood pressure.

Dr. S. M. Sherman (Columbus, Ohio): The doctor's treatment is ideal for these cases. Many a time a patient will complain of being dizzy and having a fever and the doctor will say he is bilious and give him a cathartic and dismiss him. That will relieve him. I once knew a case of a fellow practitioner, a man who had a pain in the head, the arteries full, and not being an Eclectic (although he is teaching medicine in a university) he bled that patient of ten ounces of blood, and the patient quieted down and went to sleep. That was a beautiful exposition of the therapeutic value of bleeding, but I thought how nice it would have been if he had some Eclectic knowledge and could have controlled the high blood pressure with our remedies and not caused the patient that weakness and the task of making back that much blood again.

Dr. J. E. G. Waddington (Detroit, Mich.): This is a most important question. Dr. Helbing said the blood pressure instrument was very seldom used. I consider a sphygmomanometer as important as a thermometer. I would just as soon practice without one as the other. I understood Dr. Helbing to say his case was over 50. I had a case of 24 years last winter with a blood pressure of 280.

In regard to veratrum, in many cases I do not think it is indicated. I use sodium iodide.

Dr. W. N. Mundy: I thought high blood pressure was a condition, not a disease. I believe it is a cause of fright to a great many people. Many people will say, "I have a high blood pressure and the doctor is treating me for it." You may have a high blood pressure in a beginning interstitial nephritis; you can increase a man's blood pressure by feeding him a big steak or a full meal; you may have low blood pressure in a case of tuberculosis. I thought it was only corroborative evidence, a warning sign of other disease. It is always associated with arteriosclerosis. I know it frightens a lot of people, but I do not believe it is a disease. I know that people have come to believe if you give them antitoxin they never will die of diphtheria —and that is false—but the common people have come to believe it, and who is to blame? The physician. It is because you do your work partially. When you have said a man has high blood pressure you have not finished your diagnosis.

While I have used veratrum in cases of high blood pressure, I have used other things. I do not believe veratrum will cure arteriosclerosis nor interstitial nephritis. I think it is a mistake to simply treat blood pressure as a condition independent of other conditions. I have in mind now a patient who is neurotic from the fact that the doctor told her she had a blood pressure of 212, and ever since she has thought she would die of apoplexy. I have always considered blood pressure as corroborative evidence and have used it as a means to corroborate my diagnosis.

Dr. J. K. Scudder: Do you assume, Dr. Helbing, that when a patient is beyond 50 that high blood pressure necessarily means arteriosclerosis?

Dr. Helbing: No, I do not wish to convey that; I just mentioned that my patients were over 50.

Dr. Scudder: I have in mind a case at home, a man of about 50 who has gone to six or seven different physicians and has been told that he has high blood pressure and therefore necessarily arteriosclerosis. They have gotten him into a nervous state, and if he was not sick before he is sick now. That would carry out Dr Mundy's idea that high blood pressure ought to be considered not as a condition, but as a symptom of an underlying condition.

Dr. H. H. Helbing: When a patient comes with these symptoms of dizziness and headaches it is up to us to find out what is the cause of these symptoms and relieve it. I agree that we should examine the patients thoroughly, examine the urine and see if we can not find the disturbing lesion. At the same time, the patient wants relief and it is up to us to give it. As to the psychological effect on the patient, we can not help it if it scares the patient; we must find out the exact condition and get after it. High blood pressure does not necessarily mean that there is arteriosclerosis. All the cases I have had have been cases that were suffering from some pain or distress that they wanted to get rid of—I never had one who just wanted his blood pressure taken.

Dr. W. N. Mundy: Is it not possible to have arteriosclerosis below fifty?

Dr. T. D. Adlerman: Yes.

Dr. Mundy: We used to say "A man is as old as his arteries."

Dr. Shewman: I believe in our anatomical work we find a large percentage of cases over fifty years of age have some degree of arteriosclerosis; a large per cent. began at the arch of the aorta, but over fifty years in some degree they would have arteriosclerosis. About 20 per cent. of cadavers under fifty had arteriosclerosis in some degree.

THE IMPORTANCE OF PATHOLOGY.

H. H. Helbing, M.D., St. Louis, Mo.

When I graduated several years ago the microscope, while used, was not regarded as important, because the selection of our treatment was based more upon the symptomatic conditions that presented than it did upon the pathology in the case, consequently we proceeded to forget what we learned of pathology soon after we graduated. As I selected surgery for my special line of work I have tried to treasure what I learned and have laboriously added to my knowledge, for I regard the subject to be very important in relation to diagnosis.

During the past year among numerous cases of a puzzling nature that have been brought to me, I wish to select four for our consideration. All of these patients had been treated by several different physicians without benefit or without discovering the real trouble.

Case 1. Mrs. Koch, age 40, complained of flatulency, shortness of breath and great weakness. Had menorrhagia, for which she was curetted, and after being curetted was relieved of this wrong, but she continued to grow weaker. Her temperature ranges from 98 to 101, pulse 100 to 130. She has jaundice and her abdomen is greatly distended with gas. Her physician, Dr. Julia Blaich, recognizing that it might be a case of leukemia, called me to make a blood count, which cleared up the case immediately. There were 241,000 leucocytes and 3,200,000 erythrocytes. Of course the prognosis is unfavorable in these cases, but it is a satisfaction to be able to tell the family the nature of the case and, while they may not believe you, still subsequent events will prove your contentions and demonstrate to the family that you know your business.

Case 2. Mrs. J. C. H., age about 50, has been ill for years, suffering with flatulency, shortness of breath, being unable to walk but a short distance. She is corpulent, and to look at her you would not suspect that she was seriously ill. Her blood count revealed the following facts: Leucocytes, 232,000; erythrocytes, 4,200,000; another hopeless case.

Case 3. Henry J., age 24, printer, has had diarrhea four months, a cough three weeks, night sweats with a temperature of 101, respiration 24, pulse 104. His physician suspected that he had tuberculosis and he presented the typical picture, being much emaciated, his weight being 115 pounds and height about 5 feet 10 inches. His blood count was as follows: Leucocytes, 224,000; erythrocytes, 3,680,000. If anything, more hopeless than would be tuberculosis.

Case 4. Mrs. S., age about 25, has what was suspected to be a membranous colitis or catarrhal condition of the lower bowel. Can eat only a very restricted diet. Has tenderness throughout abdomen, a seeming tabes mesenterica, although her temperature is subnormal as a rule and pulse 60. She suffers with flatulency and great weakness and is emaciated. Her blood count showed 75,000 leucocytes and 4,268,000 erythrocytes. If the white count goes above 50,000 I think they are hopeless, although we may, by giving extract of bone marrow, lecithine and nuclein with phosphorus and nux or the phosphates of iron, lime and soda, prolong their lives for months or years. The disease progresses slowly, so that the patient may live two or three years.

The examination of specimens microscopically is one point of great importance so that the patient may be warned if necessary of a possible return of a growth. This is especially true of tumors of the uterus, for apparent non-malignant fibroids may have part of the tissue malignant. This was forcibly brought to my attention by a pathologist recently when he told me that a prominent surgeon in St. Louis has him examine all his specimens, and in a recent instance the surgeon in doing a sub-total hysterectomy innocently cut right through cancerous tissue, as it had all the characteristics of benign tissue. If in doubt all breast tumors should be examined during or after removal so as to do a thorough dissection of all the growth, underlying muscles and axillary glands.

THE TIE THAT BINDS.

G. C. Porter, M.D., Linton, Ind.

I did not choose this subject from its literary sound, nor shall I emphasize its literary meaning, however interesting that subject might be, but only in this manner of expression help direct attention to the fact that we are bound bodily to our orifices through the great sympathetic nervous system, just as surely as our hearts are bound together in fellowship by some unseen power.

It would seem unnecessary for me to say anything about the anatomy or physiology of this great power house, the sympathetic nervous system, since all are indeed familiar with these facts. However well informed we are on the subject, it is not true that every physician is familiar with the great power for good or bad, as expressed in the condition of the orifices, and especially the lower, as they should be.

The muscular coats of all the tubular organs of the body are under the direct control of this sympathetic nerve. Therefore it must follow that their functioning is in response to the stimuli sent out by this nerve, and must be in direct ratio to this impulse whether it be good or bad. Then give us a correct functionating of this nervous system and we must have a correct functionating of these involuntary organs, whose functions are supreme in the body.

That this relation between impinged and irritated sympathetic nerve terminals and disease manifestations, very important in character, does exist, there can be no doubt to those who have studied the waste and repair of the sympathetic nerve in its relation to the cause and cure of disease. We can not deal successfully with our patients and ignore these facts. I shall refer to a case or two which illustrate the truth of my statements.

In February of this year I was called to see a man who, with two other members of the family, had typhoid fever, one having died of the disease and one making a recovery. He was taken in early September of last year, running the usual course of typhoid, except that he never made any resolution from the disease and continued to grow more and more both a mental and physical wreck. He was swelled with dropsical effusion from eyelids to feet, being worse in the extremities. He had been humped up and drawn over during the course of his sickness until he was in the shape of a new moon. He could not lie down for smothering, neither could he sit up with any satisfaction from extreme exhaustion and weakness. He was very nervous and tremulous when trying to move a hand or foot. He had certain nervous conditions which would cause him to quiver and jerk all over, sinking into unconsciousness, finally rallying again, to be repeated when any undue exercise or excitement came up.

His mind was equally weak as his body, not being able to remember scarcely anything and crying like a child when displeased in the slightest manner. Some of the good physicians in the county and adjoining county had been called to counsel in the case, each recommending his favorite tonic compound, heart tablets and giving much consideration to his diet. In this sort of a condition I was called to see what I knew. With much difficulty was I able to examine the man, fearing I was going to hurt him or do something to him. After the best examination I could make under these circumstances, I thought I could see the tying up of every sympathetic terminal in his orifices.

With the help of two strong men, we did hurt him. I caused one to grasp him around the body under the arms with the other one around his ankles and with firm traction we straightened his spine some and worked the segments. Then I dilated his urethra with sounds graduating to a pretty good degree of dilatation. Here I found an old prostatic stricture of bad quality, I must say. Then I went to the rectum, to find a thickened, hardened, fissured bleeding lower inch. Here I stretched and massaged as carefully as I could (for this was a sore field) and cauterized the fissures. This work was kept up daily for six days, then lengthened to longer intervals until the man was able to be up and around, when a general clean-up of these orifices was made under anesthesia, consisting of a removal of pile tumors, fissures, pockets and papilla, with persistent dilatation of both rectum and urethra until a very good recovery is now attained.

It was simply marvelous to see this man's response to my treatments. His dropsy soon obeyed, his weak fainting spells disappeared, his mentality has steadily improved. He is a satisfied man and they are a satisfied family.

Now I simply wish to say this man was tied to those orifices, and doubtless no medicine under the sun could have untied the bind alone. I am a firm believer in the curative power of drugs when properly selected, yet they are asked many times to do that which they can not do, and this displaces confidence in them.

Case 2. A boy fifteen years of age, with stout parents and rugged looking himself, was brought to my office by his mother, who explained that he was very nervous, rolling and tumbling in his bed at night, often getting up and going outside in his sleep. A look at his face showed a very unsightly twitching of his face and eyes, movements constantly while talking. He was constipated and always complained of being tired. After a careful examination I could see nothing except a tight and elongated foreskin, not being able to expose any of the glans through the skin aperture. Here a circumcision was advised and done, enlarging the meatus externus so as to admit of a No. 20 sound. The urethra was well dilated along with the rectum and two long papilla were found and removed. His response was gratifying. His facial distortions, to my surprise, yielded readily. With a little guarding on his part the habit is gone and he today presents a normal facial expression. His entire nervous condition was corrected by this slight attention. By the use of compound cascara tablets his constipation is much improved and he is a happy and pleased boy over these results, which mean so much to him both now and for the future.

This boy was tied through the sympathetic nerve to these orificial openings, and nothing else could have untied these binds but this orificial method. Many similar instances could be recited by myself and others who have given special attention to this manner of the healing art, but this suffices to call attention to this great factor of human life, and will not be ignored by those who succeed best with their work.

ORIFICIAL SURGERY.

W. E. Kinnett, M.D., Peoria, Ill.

The orificial philosophy, the waste and repair of the sympathetic nerve, is a wonderful study. Only a small percentage of physicians know anything about it. The majority do not take any interest in it. Most of them ridicule it.

A physician once said to me regarding homeopathy, "I do not know a damned thing about it and I don't want to. It is all damned moonshine." This is the attitude of many in regard to orificial surgery. Many of our noted surgeons know nothing of its philosophy. This is not imagination; it is a fact.

Some time since a physician told me that he had never seen a clitoris, that he had often looked for it while treating patients, but never succeeded in finding it. At the clinic of the American Association of Orificial Surgeons a few years since, a noted physician from New York state asked me

if he could not be permitted to see a clitoris, as he had never been able to find it and he had often looked for it, and I gave these physicians the privilege of seeing a clitoris, and I remarked to the class that many had never seen a clitoris and asked how many present had never seen one and about a dozen raised their hands. Possibly some of you smile at these statements, but I assure you that these are not isolated cases. There are thousands of physicians that are just as ignorant.

How many present know the functions of the clitoris, when it should be operated upon, and why? What effect an operation would have on the patient if one was needed?

Doctors who know nothing of the orificial thought never ask for an examination unless the patient complains of suffering in or about the orifices. Then if they find some gross pathology they might proceed to remove it, such as tumors, ulcers, hemorrhoids or growths of some kind, and never think of their cause. Some time ago, after I had operated on an insane patient and relieved her of her insanity, I was asked by a surgeon what part of the brain I operated on. I told him I did not operate on the brain at all, but on the other end, and he seemed as much surprised as though he had never studied medicine at all.

It is in chronic cases that we have our most surprising results, and it certainly approaches the miraculous in many of these old chronic cases that have "gone the rounds" without receiving any benefit. In moral delinquency it is a wonder worker. We have in Illinois several reformatories, and it is the same in other states, but they do not reform the inmates. It is impossible to reform these people while they are physically wrong. Have any of you ever known of many of the thousands sent to these institutions being reformed? Have you ever known of any? I do not know of any.

I have had the opportunity of examining four inmates of hospitals for the insane who were home on a leave of absence, and I have never seen a case that needed orificial surgery so much as they did.

I believe that a very large percentage, if not a majority, of the inmates of all public institutions, such as reformatories, hospitals for the insane, feeble-minded and all others, are there because of the need of orificial surgery. I believe that if every person sent to these institutions were operated upon and properly cared for from three months to two years after the operation the reform schools would soon have to close and the hospitals for the insane would not be half so full of inmates.

I could submit a large number of clinical cases, such as chorea, epilepsy, chronically inflamed eyes, chronic rheumatism, neuritis, Bright's disease, varicose veins and ulcers, asthma, bedwetting, chronic coughs and numerous other conditions. However, I will append four cases to illustrate the work in different phases, after other means had failed.

CASE 1—*Inflammation of Eyes.*—Albert H., aged 6, was brought in from the country about forty miles to have his eyes fitted with spectacles. The following history was given: Had been a very nervous child all his life; had been under constant treatment for the past two years, one physi-

cian for a year and then changed to another for a year. He presented the following symptoms: Excessively nervous, could not keep still one moment day or night; eyes very highly inflamed, and looked like a freshly cut piece of raw beef; photophobia was intense. This condition had been gradually growing worse for the past three years; had many convulsions during this time; had to be watched day and night; would scream out in sleep, stand up in bed, and again, bore his head into the pillow, and sometimes fall out of bed during these gyrations. Had been taking medicine and having medicine put in his eyes during the last two years, till the boy was almost insane from the treatment. Both doctors constantly maintained that if he was taken to a good oculist and have his eyes properly fitted with spectacles they could cure his nervousness and his inflamed eyes. He was taken to five different oculists during the other treatment. They all failed to fit him with spectacles. They were located in different cities, and all admitted they did not know the reason for their failure.

On physicial examination there was some tenderness along the spine; his nose, throat and ears were normal, or as normal as they could be after two years of treatment he had received. Bowels were tender but abnormal in movements owing to the medicine taken. The rectal sphincters were very tight; the foreskin was very long and very tightly adhered to the prepuce and had a pin-hole opening with a pus-like discharge.

The father had called the attention of the doctor to this condition, and he replied, "That will not amount to anything; boys are often that way."

I informed the mother that if she would let me circumcise the boy and dilate his rectum he would be almost well in ten days and entirely well in a month. The impression this made on the mother I will never forget. For she "sure did" read me a lecture. She said no other doctor had ever examined him there, that I was a quack doctor and many other things too numerous to mention, and asked many questions that an orificialist often hears in these cases. Suffice it to say that in four days the child was brought in for operation, with the report that he had had several convulsions each day since they were at my office. I circumcised the boy and dilated his rectal sphincters and told them to report with the boy in ten days. The mother insisted that I give him some medicine to control "his awful convulsions." I told her he would need no medicine and would have no more convulsions. And she thought more than ever that I was a quack and was kind enough to tell me so. In ten days the mother returned with the lad and he was as calm as any child, with only slight redness of his eyes, with the following report:

"Doctor, if you had been at our house the night we took Albert home and I had a revolver I certainly would have killed you. The child laid perfectly still, not moving a muscle except in breathing and was so pale and looked like death. I sat on one side of his bed and his father on the other side and we both cried all night, expecting that each breath would be his last, and freely talked that we had taken the dear little fellow to that quack and he had killed him. The next morning about eight o'clock he

awoke and said, 'Ma, I want something to eat,' and I fainted dead away." The boy was fully recovered within two months and has not been sick since. This spring he graduated from the high school and sent me an invitation to be present.

Case 2—*Chorea.*—While I was visiting a boy who had tonsillitis, his mother called my attention to his twelve-year-old sister in the next room, who was lying on the bed in all the usual contortions and gyrations of chorea. I said to the mother, why don't you have that girl cured. She replied that they had tried to for the last eight years with no success, and after trying several noted nerve specialists with the same results and reasoned that she was getting no better, and the expense was so great, they would quit all treatment, and she did not seem any worse than when taking medicine. I said bring her to my office and let me examine her, and the mother said we can't unless we tie her, as she has taken so much nasty medicine she is frightened into convulsions when we speak of taking her to a doctor.

However, with no trouble I obtained an examination and could find nothing abnormal except a completely hooded and adhered clitoris. The clitoris was unhooded and in three weeks she was in school. I saw her a few years after that and she was a finely developed woman and had graduated from the high school and was preparing to be a teacher, and had been well ever since the operation.

Case 3—*Nervous Prostration and Bright's Disease.*—Mrs. S., aged 28, small, weight ninety pounds. Was in city visiting her parents. Patient anemic, weak, sallow complexion; was not strong enough to come to office alone. Nose, throat, eyes and ears normal. Had given birth to a baby four months previous. Found bilateral laceration of the cervix, laceration of perineum, hooded clitoris, caruncle around meatus urinarius, with intense irritation and very painful micturation, anal sphincters much contracted. Also found great tenderness along the spine, especially the upper dorsal and the cervical. Had complained of there being something wrong with her spine to three different doctors, who told her that it was due to spinal irritation, and gave her medicine and also told her to use local applications to spine. This spinal condition had lasted four years. I found a misplacement of the second and third dorsal vertebrae. Her urine was loaded heavily with albumin and her case had been diagnosed as Bright's disease and that most of her symptoms were from that cause.

I treated her, first, by correcting the spinal trouble by tension of the spine and the use of a 1,000 c. p. incandescent lamp for fifteen minutes each day three times a week, and her spinal trouble was soon relieved, but this did not relieve all her ailments. I then performed all-around orificial surgery on the lower orifices by unhooding the clitoris, dilating the urethra, removing a caruncle from the meatus, dilating cervix, curetting uterus, packing, removing scar tissue from cervix, repaired laceration of perineum, dilated sphincters and removed pockets and papillae and a pile tumor from rectum.

Two days after the operation there was no albumen in the urine and to

date has not returned. Patient was soon about with pink cheeks and rosy lips. Went to her home in three weeks after operation—"a new woman." A letter June 14, 1918, says: "Just living fine."

Case 4—*Insanity.*—Miss M., doctor's daughter, about 26, unmarried, stenographer and bookkeeper. Had been excessively nervous and excitable, especially at time of menses, for several months. Was mentally unbalanced. At time I was called her father was not at home. I could not get to examine her, as she would not let me touch her. She was constantly screaming for her mother, who was beside her all the time. From what I could get of her history, I felt that her trouble was wholly in the pelvic region, and told her mother that I was certain that if the girl was operated on she would soon recover. The next morning her father came, but did not approve of any kind of an operation, as he was opposed to operations on general principles, and maintained that belladonna and gelsemium and passiflora would win out. I asked him why she was rapidly getting worse under this same treatment. Finally under protest he consented if I would operate at the house and not take her to a hospital, as he did not want the public to know that she was insane, as they had told the neighbors that she had brain fever. He said that if she did not recover from the operation he would take her to a sanitarium. Therefore we operated on her at the house. Could not examine her until the patient was anesthetized.

I found a hooded clitoris, small uterus with pin-hole os, ragged hymen, and contracted anal sphincters, and that she was a masturbator. When I mentioned this last condition her father vehemently objected, and said she was too well raised for anything like that. But she did, regardless of her father's opinion. The well raising has nothing whatever to do with it. If they are physically wrong they are apt to do most anything and especially to masturbate.

The work done was unhooding clitoris, dilating, curetting and packing uterus (gave her a rag baby), removed remains of hymen, dilated rectal sphincters, removed pockets and papillae. Patient soon recovered and is well and happy today.

Case 5—*Insanity.*—Mrs. S., aged 26, married. Was delivered of a child six months previous; child born dead; had not been in right mind since, and doctor, friends and neighbors said her condition was due to grief for loss of baby. However, she continued to grow worse for about five months, when a sister who lived in Milwaukee took her there from our city and placed her in a sanitarium for mental diseases, where she remained three weeks and became too violent and attempted suicide twice. It was decided that she should be placed in the state hospital for the insane, whereupon her sister brought her back to Peoria and her husband. Their family physician, who attended her at time of confinement and treated her all the time before she went to Milwaukee, was called and informed the husband that nothing more could be done for her, and for him to go down to the courthouse the next morning and have papers made out to have her sent to the state hospital for the insane, as she was hopelessly

insane. Her husband was loath to sending her to such an institution. A lady friend of theirs on whom I had operated orificially three or four years previous persuaded him to consult me before committing her to the hospital for the insane. They came to my house at ten o'clock at night and laid the case before me, and I agreed to see the case next day.

I found the patient very violent, so much so that she was disturbing the whole neighborhood night and day. After examination I informed the husband that if I was permitted to operate on his wife I could cure her. In her condition she could not give her consent, but he told me to do anything that would cure his wife and save her from the hospital for the insane.

Our local hospitals were so crowded that I could not get a room for a week and we had a special nurse to guard her. In a few days the word leaked out that my patient was insane and all three of the hospitals refused to accept her. You see, no one wants anything to do with the insane.

But by assuming all responsibility and taking full charge of the case, and thus relieving the hospital, I succeeded in securing the operating room and a room for the patient for a "few days only," as they did not want her there at all, and I must get her away just as soon as possible. We took her directly to the operating room and prepared her for the operation after she was anesthetized.

I found the clitoris normal, cavity of uterus ten inches deep and walls very thin and flabby, cervix unusually dilated, bilateral laceration, laceration of perineum, and I never saw anal sphincters so contracted and rigid, almost fibrous. I decided on account of the condition of the uterus I would not repair the cervix and perineum until I could reduce the subinvolution, and when the uterus was normal or nearly so I could finish the work. I therefore thoroughly dilated the rectal sphincters, removed two papillae, five pockets and two internal pile tumors, and put the patient to bed among a lot of scared nurses. When she recovered from the anesthetic she was perfectly calm and perfectly sane and has remained so ever since, and this was last February. She has gained about twenty-five pounds in weight. Says she feels perfectly well and better than for many years. Does all her own housework.

Her uterus is normal in size, but she balks at further operation as she says she is perfectly well and better than she ever has been, and what is the use of further work. But I feel certain that if she does not have the work done soon she will relapse into a severe nervous condition if not insanity. I think now that I could have done all the work at the time of the first operation.

STATE PATERNALISM.

E. L. Downey, M.D., Middleport, N. Y.

How came the Legislature to pass laws to regulate the practice of medicine and surgery in the state of New York? Early in the twenties there

was a fight between the Thomsonians and the Allopathics. Both agreed that impurity of the blood was the cause of all disease. The Allopathics believed that they could draw off the impure blood and thus cure the patients. The Thomsonians denied that and said that the way to remove the poison from the blood was to open the pores of the skin and sweat it out.

> And thus the war of words arose,
> Continuing 'til they starved and froze,
> When both grew mute and hovering higher
> Around their faintly glimmering fire,
> When all at once the Allopathics said:
> Let us go to the Legislature and kill the Thomsonians dead.

In the year 1827 the old school physicians of the state procured the passage of a law making it a misdemeanor, punishable by fine or imprisonment, or both, for any person who did not belong to their school to receive pay for services rendered. Many of the reformers were accordingly fined $50 and $60, and some were also imprisoned.

Between the years 1828 and 1833 about seventy petitions, containing 100,000 names, were presented to the Legislature of the state of New York, but the old school doctors in the Legislature, and operating upon it, were so numerous and influential that a modification of the odious laws in 1830 was all that was obtained.

The Revised Statutes then enacted abated the penalty, but retained this clause: "Any person or persons without fee or reward, may use or apply, for the benefit of any sick person, any roots, herbs or bark the growth or product of the United States."

In 1832 a petition with 50,000 names was presented and unrolled at full length at the feet of the members of the Assembly.

In 1844 a petition was unrolled on the floor of the Assembly chamber by that old veteran in medical reform, Dr. Mattocks, formerly of Troy. It was upwards of thirty yards long. It was recognized to be the voice of the people in thunder tones, declaring "the laborer is worthy of his hire." The time had come when they were to be heeded.

On the sixth day of May, in the year of our Lord 1844, all those unjust laws "regulating the practice of physic and surgery" were repealed. All were thenceforth authorized to practice medicine, to stand or fall on their success in curing disease.

The same year that the law was repealed a professor of the Albany Medical College addressed his class: "Now, young gentlemen, you have diplomas to practice medicine. If you like the regular practice best, pursue that; if you like the Homeopathic best, pursue that; or if you like the botanic best, pursue that, but do not change the name. Continue to be regular physicians. Let us stick together and not change the name." The old school practice exclusive of the new would not now be tolerated in any country, not even in Russia. They stole our thunder, and by liberal use of

it were healing the sick and were better able to keep pace with us in the healing art.

During the next thirty years, in which there was no medical legislation, they discarded the lancet and other death-dealing remedies and, as far as they knew it, adopted the American practice of medicine in all but name. More progress was made in those thirty years than had been made in the eighteen hundred years that preceded it.

The thirty years of progress passed. Our Legislature, knowing but little of the reform practice of medicine and its former conflicts and believing that they possessed intuitive apprehension of the popular needs and tastes, without inquiry and without petition unknowingly and unwittingly, upon motion of the Allopathists, and not the people, were willing to take a step backward, and in 1874 they put on the same old farce played in the Legislature in 1827, and they are now at it trying to legalize a monopoly in "physic and surgery" so far from being founded upon correct principles, both in theory and practice, that always has been and is now absolutely a curse to society.

They are now seeking legislation that if carried out would have the effect to close all medical colleges except their own; to compel an unsuspecting public to employ them as physicians or subject themselves to grievous penalties for criminal neglect, notwithstanding that a portion of said public regards their treatment more dangerous than disease.

A story of a man who died and went to Heaven was told he was twenty years ahead of his time. Who was your doctor?

Another man, when asked if he considered the patient out of danger, answered: "No, sir; not as long as the doctor continues his visits."

Again, a boy playing in the yard was asked by a neighbor if his mother was dangerously ill, and said: "Not yet; this is the doctor's first visit."

Is it any wonder that with this legalized death-dealing treatment we have bursted such bubbles as Brown Sequards' "Elixir of Youth and Life," Koch's Tuberculine, "Posture's New Intensive Method," the blue glass craze, Jim, Jam Jems, "Friedman's Anti-Tuberculosis," and many others builded on the crumbling sand have floated down the stream of time without compass or chart, ballast or rudder to direct their course and have landed on the shoals of misery, ever to remain a monument of their ignorant and boastful claims to scientific and professional honor. American doctors practicing along the lines of rational treatment are decidedly on top.

That the Departments of State, the Health Department, the Educational Department and the Agricultural Department may be in the hands of a medical trust is evidenced from the fact that Dr. Herman M. Biggs, chairman of the State Board of Health, issued his order that children attending public schools must be vaccinated. Unable to fix any penalty thereto, he called on Dr. John R. Finley, Commissioner of Education, who assisted him by fixing a penalty that unless the children were vaccinated they would not be allowed to attend school.

That rotten vaccine virus derived from tortured animals made sick by

pollution of their blood through inoculation is neither safe nor sane. Deterioration, blood poison, paresis and insanity are bound to be the result.

I agree with the Eclectic Review, which says: "The theory upon which the whole serum structure rests is based upon a foundation of crumbling sand, a foundation as vicious as can be well conceived. The foundation upon which it is built, is that health can be obtained and maintained by the instillation of disease; that to make one well he must first be made sick."

Two years ago the Congress of the United States passed the Smith Levey bill, appropriating three milions of dollars to be divided between the agricultural colleges of the states in the interest of agriculture. Last June they started out 250 correspondents, including medical graduates, to superintend the taking of a bird census in the interest of agriculture.

Many know of the sorrowing of the sire when he hears his children crying for bread.

Thousands of physicians are examining school children. Dr. Harvey W. Wiley told the Mothers' Club in Washington recently that "the day is coming when every pupil will be forced to undergo a strict medical examination." Compulsory medical examination of all the population (100,000,000), would be but a step from compulsory examination of all the school children. One of the advocates of such wholesale compulsory medical examination is Dr. S. S. Goldwater, Commissioner of Health of New York City. The United States Commissioner of Education stated in his report: "That all sectarian schools of medicine must go." This voices the true inwardness of all Allopathics from 1820 to the present day. With this medical octupus camped upon the trail of personal freedom, is or is not state paternalism a menace to personal liberty, a medical trust?

CONTINUOUS OR TERMINAL DISINFECTIONS—WHICH IS THE MOST EFFECTIVE IN PREVENTING THE SPREAD OF CONTAGION?

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The subject which I have chosen for this paper is one upon which a spirited debate might be made, and when concluded it would have to be determined which side had made the most points.

When we speak of continuous disinfection what do we mean? In answer I would say, first of all, cleanliness. Clean hands, clean instruments, clean clothes, clean utensils of the sick room and more especially those utensils which receive the excretions of the body, namely, bowel movements, urine and expectorations. If all excretions and the vessels which contain them are continuously disinfected you have made the shortest work of any germ life and necessarily will thus prevent the spread of contagion. When speaking of cleanliness I am often reminded of what Dr. Thomas quotes from Dr. Scudder when he said, "Cleanliness is next to Godliness," and in some diseases it certainly comes first.

Of course we have our patients bathed and kept in clean clothes. Of course everything we use is clean when used, and most certainly cleansed afterwards. It occurs to me that the most opportune time for sterilization is after one has used any instrument or utensils in connection with any type of infection or contagion, and this should be done as thoroughly as you would have it done were you going to do a laparotomy.

Again the quarantine as carried out by our cities through the city board of health where cards are posted on homes where any contagion is found. The diseases which require quarantine are measles, diphtheria, whooping cough, mumps, scarlet fever and smallpox. Where any doubt as to the exact diagnosis remains a red warning card is placed on the house during quarantine. Isolation of all contagious diseases is another good method of curbing the spread of highly contagious diseases.

I am told that in London and Paris the city provides contagious hospitals, and when a diagnosis is made of any contagious disease, instead of placing a card on the home and quarantining the family, the case is removed to the contagious hospital for that particular disease. This undoubtedly is a most successful plan in the thickly settled and congested tenement districts of our large cities.

To be sure you should fumigate the home and all belongings of any contagious diseased patient, regardless of whether the patient is treated at the home and is cured or whether he is transferred to a hospital.

In conclusion of effective disinfections of contagious diseases let me say that it is not the big things we do that prevents the spread of contagion as much as the little things we do. I firmly believe the doctor often spreads disease by not doing the little things so here are a few "don'ts":

1. *"Don't"* lance a boil and put your scalpel away with a mere wiping the blade.
2. *"Don't"* swab a throat and put the application back in your grip.
3. *"Don't"* use the same tongue depressor over and over again without sterilizing it when wooden tongue blades are so cheap.
4. *"Don't"* use your thermometer without an alcohol bath.
5. *"Don't"* examine a case of smallpox, scarlet fever, measles or diphtheria and then put on your coat and hat and go without washing your hands.

There are many other dont's that should be uppermost in the doctor's mind, but let these suffice to illustrate my point.

ADOLESCENT INSANITY.

A. F. White, M.D., Flovilla.

I am offering to you a short paper on an important subject, about which every parent should be familiar. It is in the home where this most dreadful type of insanity is first developed. It is the type known technically as dementia precox, but more generally by the phrase adolescent insanity.

This disease usually comes in early adult life, at the age of 18 to 22.

Sometimes there is a sudden return to normal mentality, but more often things gradually go from bad to worse until the mind is completely wrecked.

The victim in the beginning becomes strangely stubborn and impulsive. He may have senseless outbreaks of temper; suggestions made to him are not kindly received. He develops irrational fears and suspicions. Whatever intellectual ambitions he may have had have died out. He becomes increasingly self-absorbed. Mental inertness characterizes him; so does a general silliness of behavior. He reverts to the mannerisms of early childhood and seems once more to have a child's attitude toward life.

The cause of this sad decay is not known. Experts seem to be more of the opinion, however, that whatever physical factor or factors may be involved, a faulty upbringing often has much to do with the actual occurrence of the disease. More specifically, it is nowadays held that much adolescent insanity results directly from rearing children in such a way as to make them both abnormally self-centered and abnormally deficient in self-control, or, as stated by one expert, Pearce Bailey (now Major Pearce Bailey of the United States army), "In many cases of adolescent insanity it seems almost certain that natural infantile tendencies, instead of being directed and corrected, had been allowed to run on and that insanity has supervened as a direct outcome of the faulty conditions. Instead of being taught obedience and made to obey; instead of being taught self-forgetfulness and altruism; instead of being treated as an individual who must give as well as receive—the child is indulged in his ego-centric expressions. He is too often treated in a way the world treats no one and is not prepared to meet life as it is, so that when he finally faces it he often finds it a contrast to all he has ever learned and goes mad." And this is decidedly an additional argument to reinforce the gospel of conscientious training in the home and in the first years of life. It is bad enough to spoil children by gratifying their whims, neglecting to impress on them the importance of controlling their desires and failing to develop in them courage and self-reliance. It is obviously a far more serious matter if, besides spoiling them, such a parental policy may doom them to an early and irremediable mental breakdown. No parent, however heedless of his duties, would lightly take this responsibility.

RELATION OF THE NERVOUS SYSTEM TO GYNECOLOGY.

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Gynecology, representing the sum of the knowledge of women's diseases, is just in its infancy in regard to the nervous phenomena caused by these diseases and also in regard to the general debility of the nervous system as a causative factor in producing pathological conditions of the pelvic organs.

The two great divisions of the nervous system are cerebrospinal and sympathetic. The cerebrospinal system, which is sensory and motor, is contained in the cavities of the brain and spine and is the governor of the

higher mental faculties. Through it are received the sensations and impressions and by it are controlled the impulses and emotions, while the sympathetics might be termed the guardians of nutrition or vegetation.

The brain is the largest center of the cerebrospinal system. It contains gray matter in the form of cells in the cortex, whose function it is to generate nerve force. It also contains nerve fibers for the purpose of transmitting this energy to various parts of the body. The sensory nerves carry sensations from the surface of the body to the brain, and thus it is we perceive the sensations of heat, cold, pain, sight, smell, hearing, etc.

The cells of the brain from which the motor nerves project are those which control the muscles of all parts of the anatomy. The reflex arc is a combination of the sensory motor nerves. One touches a flame with the finger; the sensory nerves carry the sensation of pain to the brain. Here the motor cells that control the arm send out a command over the motor fibers to withdraw the hand, which is done instantly, unless the will is called into action and overrules the motion. Thus the finger can be held in the flame for some length of time until pain breaks down the will.

The nerve cells of the body must receive nourishment to insure their capacity to function, and it is the business of some nerves to keep the nerves supplied with food from the blood so as to give them power to think and act. Certain combinations of cells of the brain enjoy the coloring of the flower; others detect the tones of music; others plan the architecture of a building, while still others love, hate or fear.

The activities of the cells depend upon the quantity and quality of blood with which they are fed. Poison matter taken up by the blood will cripple these delicate nerve cells to such a degree that their function will be faulty, and the individual's life can not be well ordered under such conditions.

The sympathetic nervous system is a system which is not to any great extent under the control of the will. It might be called the automatic system. This system is found in the form of ganglia on each side of the spine in the thorax and abdominal cavity, where its fibers assist in forming three great plexuses, the thoracic, the solar and the hypogastric, their fibers ramifying the internal organs and are also connected with the spinal cord. One of the functions of the sympathetic nervous system is to control the blood-vessels of the body. They are dilators and contractors, hence are called the vaso-motors. They regulate the circulation of the heart, lungs, liver, intestines, uterus, etc. The uterine organs have a large supply of these nerves and have a great many blood-vessels, and when there is a congestion in these organs the effect of this congestion or inflammation is carried through the sympathetic and sensory nerves to the adjacent organs and to certain areas in the brain. The solar plexus may be disturbed and its branches ramifying the stomach and liver and other organs soon give notice of this disturbance. The thoracic plexus suffers to some extent and we can trace heart symptoms to a congested and inflamed pelvis.

In like manner the sensory nerves passing from the pelvis to the spinal

cord conduct the pain sensations to certain centers in the brain, from which they are transmitted to the higher centers through the association fibers and this causes a lack of functioning of these higher centers.

The centers of the spinal cord often become irritated by the constant passing of pain sensations from the pelvis and we have what we term a "backache." The brain cells also become weary with the sensations of pain from the pelvis and we have loss of memory, impoverished vision and hearing and all the powers of the mind very much curtailed.

An inflamed pelvic condition may so poison the blood that the entire nervous system may become depleted by the poison it takes up from the circulation and on this account the circulation is further impaired, the tone and vigor of the muscles of the body are lost, the patient becomes listless and loses self-control and what is termed nervous prostration results.

In like manner a shock to the nervous system from any cause, as trauma, fright or grief, may cause relaxation of the pelvic musculature and lay the foundation for all kinds of pelvic troubles.

In case of general debility, it is wise to make a thorough examination of the generative organs as well, as in cases of pelvic troubles it behooves the physicians to look after the general health of the patient, as the human anatomy is likened to human society—one organ is very much dependent upon another. Each individual is a law unto himself, yet in the evolution of that law he is dependent upon the whole of society. So it is with the human body. Each organ must perform its own function, but to do so properly every other organ must do the same, and in working in unison all make for a healthy body.

SOME SYMPTOMS OF HYSTERIA.

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Hysteria is essentially a disorder of that part of the nervous system which subserves the emotional nature, or, in other words, is the act of the subjective mind. The greater number affected are women; it is only occasionally to be met with in men. The mental symptoms of hysteria resemble in great measure those of nervous exhaustion, though the causes are not the same.

We see defective will power, want of self control, instability of the emotions, a tendency to impulsive actions, self-consciousness and an irritability of temper. Such patients crave for excitement, novelty and the sensational, and their desire to attract attention and sympathy is so great that they will perhaps half unconsciously exaggerate and even invent symptoms.

Persons afflicted with this disease have been known to starve themselves, to refuse to walk, or to speak for years; to mutilate themselves, even torture themselves in order to produce strange and puzzling symptoms. They not only imagine themselves the victims of the most diverse and serious diseases, but by some obscure power they unconsciously simulate the symptoms of

diseases of which they themselves can not possibly have any knowledge. In conversation everything is exaggerated with tiresome repetition. The superlative degree is called into use at every turn. These patients have little power of application as a rule, and are always talking of how tired and weak they are, yet they will spend hours in puttering about, and give infinite thought and time to trifles that ought to be disposed of summarily. The most profound disturbances with these cases are in the emotional field. All is caprice with them. They love without measure those whom they will soon hate without reason. Instability is the fundamental feature of the hysterical character. Inclinations, temper and general feelings all change with incredible rapidity. Fickleness and contradictory tendencies are special characteristics, and gratuitous insults, meaningless slander and theatrical attempts at suicide are by no means uncommon. In their love affairs they must have romance, and if they are not sought after they seek to interfere with the love affairs of others. When married they are the terror of husbands, who find all plans of conduct toward their wives a failure, for hardly has the husband determined on one line of conduct than he finds his wife changed again. Hysterical patients are very uncertain elements in the family life; self-absorbed and selfish, everything must bend to their feelings and their views. If the self feeling takes a hypochondriacal turn, as it often does, the whole household is kept busy ministering to their slightest feeling of discomfort, which is dwelt upon and exaggerated till the patient grows to believe himself to be suffering cruelly.

The patients are untruthful and unreliable, preferring deception of all kinds, without any apparent reasonable object, to open, straightforward conduct. They are unduly excitable, their responses to everything are too keen, their sensations too easily aroused, and they give way to emotional outbreaks often on the slightest provocation. They are far too easily influenced by environment, and become unduly enthusiastic over any cause they espouse. Their enthusiasm leads them into all sorts of headlong acts; their obstinacy is extreme, and their regard for the viewpoint of others is entirely swallowed up in their own way of looking at a given thing and dealing with it.

Another mental characteristic of hysterical persons is their constant tendency to mental abstraction to a kind of self-hypnotism in a waking state. Their attention soon wearies, and they become absent-minded; they dream, they abstract themselves, so to speak, from their surroundings. Occasionally absent-mindedness is met with in many mental states, normal and abnormal, but those who are brought into close daily contact with hysterical patients will notice that they have a constant tendency to become dreamy.

They are very susceptible to suggestions of all kinds. The dreamy state that is experienced in some of these hysterical cases may be of short or long duration, and may or may not be accompanied by convulsions. Sometimes the patients go about in these dream states performing various acts, with little or no recollection of them on returning to consciousness. In other

cases they appear to see visions, to hear fine music, or to undergo frightful experiences, or pleasurable ones, acting the while in the character of imagined experiences, regardless of all efforts of the bystanders to "bring them to their senses." Some grow extremely fantastic, or silly or sentimental in behavior, laugh and cry uproariously, scream, sing or shout.

There are cases where the patient seems possessed of two or more personalities, so that in one state she seems conscious of certain experiences and lives up to a certain character, while in another state she seems an entirely different being. In each state she remembers only the events of the life which corresponds to their present state and forgets those of the other.

We may dismiss the supposition that hysteria is "humbug." There may be malingering, as among any other class of patients; sometimes, perhaps, the shamming and hysteria have developed side by side. A patient can not have symptoms of which she has never heard. In true hysteria the anomalies of character are accompanied by definite physical signs. Almost any nervous disease may be imitated by hysteria. There is often sensory disturbance, shown by increased sensibility or painful sensibilities in various parts of the body. There is often motor disturbance, such as spasms, the lump in the throat or "globus" being very common, vomiting through spasm of the stomach, difficulty in swallowing through spasms of the esophagus, leading to great wasting from want of solid food; bronchial spasms, leading to attacks of asthma, and, lastly, spasms of limbs and groups of muscles, irritating in its worst form when accompanied by convulsions, an epileptic attack, besides rigidity and tremors. Paralysis is very common, and is distinguished from the genuine lameness by the fact that the hysterical woman makes no attempt to move the limb, and by the presence of muscular tone and the electrical reaction.

The latest hypothesis of hysteria is that the disease is produced by the subjective mind, the symptoms of which indicate what is going on in the subjective mind. From birth onwards our lives are built on the double principle. We have ostensible personalities and concealed personalities, and though the two may harmonize fairly well they are never fully in accord. At every moment we have to discard temptations and repress emotions out of harmony with this or that set purpose. These emotions and temptations, in spite of being discarded and repressed, nevertheless continue to be important portions of ourselves and contribute without our conscious knowledge to our perceptions and thoughts. According to this hypothesis, hysteria originates in some shock or disagreeable feeling experienced in childhood or youth. The patient suppresses this occurrence, not merely keeping silent about it, but also banishes it from conscious remembrance, either by a strenuous effort of will or by substituting for it some less disagreeable idea. Still the original memory remains in the subjective mind as a permanent source of disturbance, and reigning there unmitigated by the wear and tear of the daily conscious life asserts itself from time to time by the production of fits or other hysterical phenomena.

Hysterical disorders occur sometimes in children, especially the cata-

leptic condition, in which the limbs may remain in an awkward wax-figure like state. Attacks of screaming occur, as well as hysterical epilepsy, which can be distinguished from genuine epilepsy by the fact that hysterical patients do not hurt themselves when throwing themselves about, taking care when they propose to fall, whereas the epileptic is so completely unconscious that she has no choice.

The hereditary neuropathic disposition is the principal factor in hysteria, and is shown already in childhood by an exaggerated manifestation of the emotions, ready tears, excessive temper, anticipation of fear, obstinacy, discontentedness, defective ethical and esthetical development and fantastic imagination. Such children are given to day-dreaming; they stand like statues, apparently lost in thought until spoken to, when they start up terrified, and it takes some time before they quite know where they are. These dispositions must be combated in early youth. We also know that the menstrual disturbances in women are liable to set up these symptoms.

Some exciting causes of hysteria are great and sudden emotions, such as fear in all of its forms, also anger, jealousy, or any other bad thought. It is of forensic importance to mention here the frequency of false accusations made by hysterical girls against men to whom they are entirely indifferent, arising from impure thought and fear and a misinterpretation of the words or conduct, which may have been quite innocent and harmless.

That hysterical patients should sometimes become insane is no more than we might expect, considering the frequency both of hysteria and insanity and the fact that both diseases own a common origin—*the subjective mind.*

ACONITE—PREPARATIONS USED, DOSAGE AND METHODS OF ADMINISTERING DRUG IN DIFFERENT DISEASES.

E. G. Sharp, M.D., Guthrie, Okla.

The principal preparations of this old and reliable remedy (Aconite) are the fluid extract, tincture and specific medicine, all of which are made from the roots and leaves of the plant. We use and prefer specific aconite on account of its uniformity and strength.

Aconite when properly used is one of the physician's best remedies in all acute inflammatory conditions in the exanthemata and is especially the child's sedative.

Aconite being a very active, poisonous medicine, the dosage for beneficial medicinal effect is necessarily small and is usually given in two to ten drops to four ounces of water—teaspoonful every one-half to one hour as indicated—thus giving a usual dosage of one-tenth to one-third minim, depending on the results desired, the often repeated dosage giving the best results.

The sedative influence of aconite is apparent in all inflammatory conditions by reduction of the temperature, moistening of the skin, decrease of restlessness and general abatement of all inflammatory symptoms.

The proper use of aconite, veratrum and gelsemium will always give

better results than any of the synthetic compounds, and with none of the depressing results of these drugs.

In febricula and the simple fevers of childhood aconite is the remedy to be thought of—in two to five drops to four ounces water, teaspoonful every one-half to hour—and will terminate them in a few hours if exact indications for its use are complied with.

Aconite is especially indicated at the onset of inflammatory conditions and, in my opinion, will prevent the result of inflammation if not already developed.

In congestion or inflammation of the brain, in meningitis and cerebro-spinal meningitis it acts best in conjunction with gelsemium when conditions of the disease are active, given in the dosage previously indicated.

In pneumonia and bronchitis it allays irritation, restores secretion and soothes the inflamed condition of the mucous membrane. I usually combine it with bryonia in five to seven drops of each to water four ounces, teaspoonful every hour.

In pleuritis it is the first remedy to be thought of, combined with asclepias or bryonia or both, in small doses. It proves efficient in relieving pain and controlling the inflammatory processes.

In the active stage of enteritis, peritonitis and nephritis it is the first indicated remedy, given in small doses often repeated.

In the exanthemata Ellingwood says it is doubly indicated because of its direct action on the capillary circulation and on the skin, determining the eruption to the surface and promoting exfoliation.

In this brief paper it is impossible to enumerate all the uses of this old and tried remedy or to give exact dosage, as each individual case is a law unto itself, but in general the small dose given in an aqueous solution by mouth often repeated gives best results and if exact indications are followed will rarely disappoint.

THE TREATMENT OF TUMORS OF THE WOMB AND ADNEXA.

P. F. Bullington, M.D., Chico, Cal.

Dunglison's Medical Dictionary by Stedman defines a tumor as a "circumscribed enlargement of a part due to the presence of a morbid growth." There is a long list of classified tumors, but we shall consider them as benign and malignant in this paper.

It is not within the province of this article to discuss the etiology of tumors lest we run into deep water, as we find there are 'many men of many minds' when it comes to discussing the cause of tumors.

We shall divide the treatment of tumors of the womb and adnexa into, (1) dietary; (2) medicinal; (3) electrical, and (4) surgical.

In order to discuss the dietary treatment of tumors it will be necessary to seemingly, at least, encroach upon the domain of preventive medicine.

It will be remembered that we are treating morbid tissue, and in order to improve the morbid condition we must give the general system the organic salts which it demands, in the form of foods or medicines. In order to prove that the denatured foods, such as we buy today in the open market, are robbed of their inorganic salts, we will have to give some specific examples. Whole wheat, for instance, contains about 5 per cent. of these mineral salts, while refined wheat flour has less than 1 per cent. Rice contains about 6 per cent., while polished rice less than 1 per cent. Brown sugar contains about 4 per cent, while the refined sugar has less than one per cent., all of which tends to prove that such foods rob the vitality of the cells of the human body, and tumors, both benign and malignant, may be the result. Therefore give a food rich in the mineral salts and the tumor patient is thereby benefited. A diet of fruits and vegetables is to be preferred, as they are rich in the necessary mineral salts and therefore to be preferred to a diet of denatured cereals. Dr. C. E. Lakeman of the American Society for the Control of Cancer in his 1915 report says: "We now have 80,000 new cases of cancer each year," which conclusively proves that cancer is increasing rapidly in this country. In the report of the U. S. Census Director for the same year he says: "It will be seen that cancer of the stomach and liver is predominant, as approximately 40 per cent. of all deaths from this disease were returned as cancer of these organs." This being true, these facts tend to prove that Dr. Packard is correct when he says, "Adulterated, denatured, refined and demineralized commercial foodstuffs are directly responsible for the prevalence of this disease."

If this be true of malignant tumors, why may not the same be said concerning benign tumors? Along the same course of reasoning, if tumors form in the tissues from a lack of mineral salts as supplied by normal foods, is it not good reasoning to say that a tumor in the formative stage can be checked in its growth by giving the patient a diet rich in the required mineral salts?

Medical Treatment.—A study of the tissue remedies will give the clinician valuable information regarding the specific treatment of tumors.

As most tumors have a glandular nucleus, we give phytolacca as one of our foremost remedies in treating these growths, as it is rich in natural mineral phosphates and in a form to be readily assimilated. Phytolacca has long been recognized by the Eclectic school of medicine as a leading remedy in the treatment of glandular enlargements. I use the specific medicine in one-drop doses every three hours. Specific fraxinus should be prescribed in all tumor cases, such as are now under discussion, in twenty-drop doses at least four times a day.

Spc. solanum has know virtues for the treatment of internal tumors, therefore should not be overlooked.

Spc. Rumex, being rich in iron, should be tried in all cases of benign tumors.

The iodides of potassium and sodium should be given in all cases of luetic or suspected luetic origin.

Electrical Treatment.—We do not claim any specific action for electricity in the treatment of these tumors above that of drugs, therefore we use it as another form of treatment to assist in the discouragement of the growth as well as its supposed destructive properties, and use it in conjunction with the dietary and drug treatment.

In benign tumors apply a saturated solution of the iodide of potassium to the skin over the growth with the negative pole of the galvanic battery, the positive pole to the back, using a large pad wet with salt water. Give a treatment of twenty minutes every day, using from twenty to thirty milliamperes. By this cataphoric medication we can get more iodine into the tissues and get it directly into the tumor.

In case of malignant tumors, use the X-ray for twenty minutes every other day, being careful not to set up too much of an X-ray dermatitis.

Some make great claims for the X-ray in the treatment of malignant growths, but as for my own experience I can not claim much for the treatment. While it is true that the X-ray breaks down the cancer cells before the healthy tissue cells are affected, the ultimate end accomplished does not speak very strongly in favor of the treatment.

Surgical Treatment.—After having faithfully tried the above treatment if you fail to relieve your patient surgery will be your *dernier ressort.*

I do no abdominal surgery myself as I have spent my time in medical and electrical therapy; therefore, when I have such a case I take it to, or call in, a surgeon of good standing to do the operation.

I feel the surgical field has been overworked and that there are too many two-by-four surgeons that can see no other reason for using the knife than the sight of the dollar sign.

THE USE OF THE SHOE HORN IN OBSTETRICS.

J. H. Hauck, M.D., Terre Haute, Ind.

I will not go into the history of the shoe horn as used in obstetrics, as there is little in history to draw from, so I am going to make this paper very short and will try to explain how well this instrument has served me in the short time I have used it.

The shoe horn I have is shaped exactly like the ordinary shoe horn you get from your shoe dealer when you buy a pair of low-cut shoes, only it is much larger. The one I have is 12 inches long and 1½ inches wide at its greatest blade width and probably not more than ¼ inch thick in the blade. There is a handle that nicely fits the hand. The blade proper is about six inches long and beginning at the handle is small, widening out toward its extremity. It is curved on the flat and also transversely, with smooth edges, having a cancave and convex surface. It is nicely nickel-plated, making a handsome looking instrument and also one of very great efficiency.

Now as to its use. You remember the many weary hours you have spent

with your patient when the head of the child became lodged behind the symphysis pubes, and how you faithfully tried to insert one finger between the head and bony part and, having succeeded, tried to have the head of the child slip over your finger at every pain, and how dreadfully disconcerting it was if it didn't do it almost immediately? Sometimes you were able to insert two fingers and finally, having worked faithfully for a very long time, you finally succeeded in your efforts and the baby's head would slip down past the obstruction and finally become properly engaged, much to your satisfaction.

Now if you had one of these shoe horns sterilize it and slip it, instead of your finger, between the head and bony obstruction and it will require only a very few pains till the head slides over the hollow of the instrument and into a much more favorable presenting position. It's very much quicker, much easier on your fingers and temper, and the instrument, being thin, does not take up nearly so much room as your finger, therefore hastening the time of accouchement considerably.

I trust that those of you who have used a similar instrument have found it as efficacious as I have and that those of you who have not had access to its use will realize its importance and give it a trial, and I am sure you will do so with satisfaction to both yourself and patient.

ACONITE—INDICATIONS CALLING FOR USE OF THE DRUG AS OCCUR IN THE SEVERAL CONTAGIOUS AND INFECTIOUS DISEASES.

J. Walter Pruett, M.D., St. Louis, Mo.

In the twenty-one years in which I have been in the practice of medicine there has never been a time in which aconite was absent from my medicine case, but if its use is more indicated in one of the contagious or infectious diseases than another I must plead ignorance as to which one of the particular diseases to select as the one in which aconite is the remedy. In any and all of this class of diseases its indication is invariably present, viz.: an accelerated pulse, an elevation of temperature and a dry, hot skin, except in diphtheria, in which the skin is most usually moist and temperature not as high as the gravity of the disease would in ordinary cases seem to warrant. When above indications are present aconite proves itself the remedy by reducing temperature, equalizing the circulation, causing a gentle perspiration to appear and as a consequence and as surely as night succeeds day the nerve tension is lowered, the little patient made more restful and the amount of danger to the life of the patient has been minimized.

The fact must not be overlooked that the medicinal value of aconite is greatly enhanced by the addition of other indicated remedies, as in measles tr. drosera and stillingia liniment are added and always belladonna if the eruption is tardy about making its appearance. Also in scarlet fever the tr. of belladonna is almost invariably indicated. In diphtheria phytolacca

with echinacea is not to be forgotten. In follicular tonsillitis and also any ordinary sore throat from cold aconite (possessing as it does an affinity for the throat) is the first remedy to be considered, then ipecac and phytolacca as indicated, the latter to be used especially if there is a glandular involvement about the throat.

Our friends of the dominant school deride the use of aconite because of its extreme toxicity, a thing to be deplored in so useful a remedial agent. This objection should not be and would not be if only the spec. tr. is used in a medicinal dose, since this preparation of the drug is always uniform. In the right dose with the right make of drug there is no danger in its use, granting that care is used in seeing that only a sufficient amount is incorporated in the individual prescription, etc. It is unsafe as a gargle, as the patient might accidentally swallow a poisonous amount. It is also contraindicated in extremely asthenic cases, as in the advanced stages of continued fevers; also in any case where there is a weak heart from any cause.

Look for its indication: hard, rapid, small pulse with an elevated temperature, inflamed mucous membranes and chilly sensations crawling over the body and extremities, and administer aconite first, last and all the time as a part of the indicated medicine and return to your office feeling justified that no other M. D. could have prescribed more scientifically or a more pleasant and efficient medication.

THE TREATMENT OF CHRONIC LARYNGITIS.

John H. Powell, M.D., Atlanta, Ga.

Chronic laryngitis is very difficult to successfully treat in the average patient. A very complicated nerve supply, digestive disturbances, specific taints, tubercular and catarrhal inflammations of the mucous membranes lining the nose and throat, rheumatic diathesis, growths and deformities in the nose, throat and post-nasal space, poor ventilation, abuse of the voice, excessive use of tobacco, alcohol and improper foods, all these play their part in the causes of laryngitis and its aggravation after the establishment of the disease. After catarrhal inflammations, the digestive element of cause is the most common aggravating factor: in fact one seldom sees a case of chronic laryngitis without more or less digestive complications, as the nerve supply of the larynx is from the superior and recurrent branches of the pneumogastric, the superlaryngeal being a sensory nerve and the recurrent a motor nerve and the spinal accessory a sympathetic. The pneumogastric is mostly involved in all chronic laryngeal inflammations, as it brings into full play the breathing apparatus and to some extent the digestive system.

The successful treatment of chronic laryngitis depends on a thorough understanding of the anatomy and physiology of the parts and a careful study of the pathology based on the predisposing causes in the particular case under observation. First a careful inspection of the mouth for Riggs' disease and other diseases of the gums and teeth, condition of the tonsils

and post-nasal space. If the tonsils are diseased remove them and adenoid growth. Growths in the nose such as polypi, enlarged turbinate spurs, etc., should have prompt attention. Carefully inspect the trachea, note the color and position of the mucous membranes covering the upper swallowing and breathing spaces, the color and position of the vocal chords and the condition of the voice. After satisfying yourself with your investigation up to this period of the examination, the after-steps are more difficult. First syphilis and tuberculosis are of the utmost importance, and the bacteriologist and syphilologist should be freely consulted in doubtful cases. The rheumatic diathesis, blood pressure, constipation, hyperacidity of the stomach, intestinal disturbances, hemorrhoids and prostatic troubles in men, and uterine and ovarian troubles in women, if present, should be treated by competent men. No case of chronic laryngitis should be accepted for treatment or encouraged as to a cure until at least the foregoing examination is carefully made.

Now for the medical and surgical treatment. The old adage, first find out what is the matter with your patient and then it is easy to cure him, holds good here, or at least in the curable cases. First remove the offending obstructions from the nose and throat if any exist, such as diseased tonsils and adenoids; remove or cauterize enlarged turbinates, spurs, etc.; curet or apply healing remedies to ulcerated mucous patches, establish normal drainage and ventilation if you expect your patient to recover.

Of the local medical treatment, the most important thing is cleanliness. A good alkaline antiseptic like the old antiseptic alkalinus Dobel's, or, better, Car-Bothymol, should be used persistently in spray or atomizer to wash away all unhealthy secretions, thereby giving nature a chance to rebuild the inflamed and ulcerated membrane. Local applications of alumnol argentum nitrate are of use in selected cases. Huskiness of the voice, difficult breathing, are promptly relieved by the use of oil sprays, especially those containing menthol and phenol, as hydroliptine or blandine. Oil sprays are especially indicated in so-called laryngitis sicca.

The internal treatment is most difficult. To decide on just the right thing to give, depending on the condition of the patient and the therapeutic knowledge of the physician, the versatility and aptness to prescribe the right thing to fit the case of some of my doctor friends is wonderful. Truly the practice of physic is an art and the successful handling of a case of chronic laryngitis will tax the skill of any man.

The excessive use of tobacco, especially cigarette smoking, alcohol, carbonated waters, foods containing too much salt, pepper and vinegar, and overuse of the voice must be regulated and the patient advised to sleep in a well ventilated room. If the case is one of tuberculosis there is very little to do except to regulate the diet and live in the open and prepare for the end. The syphilis cases are curable, anti-syphilitic treatment combined with salvarsan, or, better, mercuric iodo arsenol, given intravenously, with proper local treatment.

If the case is one of rheumatic origin treatment is successful, but relapses

are common unless the diet is carefully looked after. If digestive disturbances are the underlying cause the treatment is usually very tedious and relapses frequent. Look well into the diet problem, administer acids or anti-acids, as the case may require, combined with tonics and digestive ferments. Constipation is usually a prominent symptom that taxes our wits to overcome and as continued purgation is harmful and laxatives lose out it is a problem to intelligently deal with. Occasional purgatives are necessary; cascara, milk of magnesia and like remedies are useful. Where we have intestinal complications mineral oil should be given. If phenyl salicylate is combined with the oil as it is in lubricol it renders it far more efficient, as it serves a double purpose, namely, overcoming intestinal stasis and prohibiting and destroying bacteria at the same time.

CACTUS GRANDIFLORUS.

JOHN WILLIAM FYFE, M.D., SAUGATUCK, CONN.

I do not doubt that all Eclectic physicians are familiar with the uses of this invaluable plant remedy. Still, men and women, at their best, are forgetful animals, as we all are liable to present indisputable evidence. It is well, therefore, for us to frequently review our therapeutics, and especially our knowledge of the more important heart remedies, in order that we may keep constantly prepared to employ them quickly and efficiently

It is quite likely that it is unnecessary for me to say that the plant from which the drug under consideration is obtained is a rooting, creeping, fleshy shrub; that its stems are branching and have clusters of small spines arranged in radiated form; that its flowers are large, beautiful and possessed of a delightful odor. For all this more in detail may be found in works on Eclectic materia medica. I simply wish to refresh the memories of my readers in regard to some of the clinical uses of cactus—to cause them to call to mind the many good things they have in the past learned of this unequaled heart remedy, and possibly suggest something that may induce them to more frequently employ it in general practice.

Cactus exerts a powerful influence over the cardiac plexus of the sympathetic, and its effects are not only extended to the most minute distribution of the nerves, but to every capillary in the whole body as well. It is agreed by the most experienced Eclectic authors that cactus stimulates the vasomotor centers, the sympathetic ganglia of the spinal cord and the muscles of the heart. It must be apparent, therefore, that its field of activity is an extensive one.

Cactus is a remedy of positive therapeutic action, and the results of its influence are usually so plainly and promptly manifested that they are not likely to be overlooked by the observing physician. It very seldom disturbs the stomach, but if administered in too large doses it may produce toxic effects, causing irritant diarrhea, neuralgia, spasm of the heart and even carditis and pericarditis. In suitable doses, however, it may be continued

for an indefinite period with none but good results, and long experience with this drug teaches me that it, unlike digitalis, has no cumulative effect.

In the treatment of the aged cactus is of the utmost value, as it soon produces an improvement in the nutrition of the heart muscle, and acts as a needed cardiac tonic. In fact, it will do much toward keeping the old, tired heart in a condition which will enable it to supply the tissues with life-sustaining blood.

In one case to which I was called—a man 68 years of age—I found the patient very feeble and his respiration extremely difficult. His pulse had run down to thirty-five beats per minute, and as a picture of absolute despair and anxiety he was in no wise lacking. I at once gave him ten drops of specific cactus, and then added thirty drops of the same preparation to four ounces of water and gave him a teaspoonful every fifteen minutes for one hour, at the end of which time he said he was feeling better. The pulse was stronger and beating fifty times per minute. I then directed that a teaspoonful of the medicine be given every hour. When I called the following morning my patient said he was feeling well. His pulse was regular and beating sixty times per minute. The prescription was renewed and the man directed to take one teaspoonful of it every two hours. This he did while the medicine lasted. About a month later I was again called and found the man in much the same condition as when I first saw him. The same treatment as on the former occasion was prescribed and continued for five years, at the end of which time he died of hypertrophy of the heart. In my opinion cactus constituted the sustaining power that prolonged his life for those five years.

In impaired action of the heart, whether caused by functional or organic disease, I know of no drug that can efficiently take the place of cactus. Of course, it can not be expected to cure structural diseases of that organ, but in all such cases great improvement in the heart's functional activity may be secured by small doses of this drug. Under its influence the heart's action becomes stronger and more regular.

When there is regurgitation due to valvular insufficiency cactus will strengthen the impaired muscular tissue. It will not close the dilated openings or overcome valvular deficiency, of course, but it will do much toward bringing about a better action of the permanently diseased heart.

In one case of aortic regurgitation I found the man anemic in appearance and suffering from shortness of breath, oppression about the chest, pain in the precordia of a dull and aching character, radiating to the neck and down the left arm, edema of the feet, dyspnea, area of the cardiac impulse considerably increased and a distressing heaving of the lower part of the chest. The patient was given a very thorough examination and a diagnosis fairly free from doubt made of aortic regurgitation. Cactus was prescribed and marked relief of the oppression of the chest followed its use. The respiration also improved, and the man said he felt better and that he could obtain some rest.

In fatty degeneration of the heart cactus acts equally well. I have never

employed it in mitral stenosis, but many well informed writers claim that it is contraindicated in this serious wrong of the heart.

A lady 65 years of age now under my professional care was referred to me by a prominent eye specialist, he thinking that some heart trouble was the cause of her eyes not responding to his treatment. She complained of more or less dyspnea on slight exertion, constant fatigue, dizziness, digestive disturbances, palpitation and precordial distress. Her pulse was intermittent and otherwise very irregular. She was carefully examined and a diagnosis of fatty degeneration of the muscles of the heart, without hypertrophy, made sufficiently clear. Cactus was prescribed for the irregular action of the heart, and within a short time the dyspnea became less and the precordial distress and palpitation disappeared. She is still taking cactus and has unbounded faith in its relieving properties.

I have employed cactus in endocarditis and pericarditis with marked relief of some of the sufferings of patients. In angina pectoris it may well constitute a leading part of the treatment, and in cardiac weakness and threatened heart failure, due to overexertion, it is absolutely essential to an efficient treatment.

In neurasthenia cactus constitutes a medicament of great usefulness. I now call to mind a case in which it exerted a decided influence and afforded much relief to the patient, who was a lady 70 years of age. She was very much depressed and had great difficulty in concentrating her thoughts. Frightful dreams were so frequent that her rest was often much disturbed by them. She complained of headache of a dull, heavy character and the sensation of a band tightly bound around her head. She also suffered from a dull pain in the back, which most frequently affected the sacral region, and there were roaring sounds in the ears. Her pulse was intermittent and otherwise irregular. She was given cactus in small doses and continued its use for several months. Under this treatment she became less depressed, her dreams ceased, the pulse became regular and she no longer felt the band around her head.

In the treatment of the so-called "tobacco heart" cactus has no equal. The symptoms prescribed by these victims of excessive smoking are often numerous and varied, but precordial oppression and the sensation of a band tightly bound around the chest are seldom absent. With this latter symptom present, we have a positive call for cactus which should never be neglected.

Cactus is especially adapted to the treatment of the class known as "nervous women," who usually complain of heavy pain and weight in the head, numbness of the arms and legs, inability to rest on the left side, and often menstrual wrongs are added to their troubles. It is also a remedy of decided merit at the climacteric of this class of women.

Although cactus is most frequently indicated in cases in which there is no marked increase in temperature, it is not contraindicated in fever, and in many cases of fever and inflammation it often constitutes a remedy of the utmost importance. In the treatment of pneumonia it is always indicated as

a means of supporting the heart. In my opinion alcoholic stimulants should never be used for this purpose. They do more harm than good. This has many times been demonstrated beyond a peradventure. I have successfully treated many cases of pneumonia, and of course I have lost some cases. Some victims of this disease can not be saved, no matter what form of treatment is employed, and the physician who says he never lost a case of pneumonia simply confesses to one of two things, namely, that he never had many cases of it to treat, or that he is not telling the truth. In the treatment of pneumonia specific medication has many times proven to be the most rational and successful treatment known to the medical profession. In the beginning of most cases of pneumonia cactus, bryonia and ferrum phos. are indicated. Other remedies should be selected in accordance with their well known specific indications.

The specific indications for cactus are plain, well defined and reliable. Among the most important of them may be mentioned the following: The sensation of a band tightly bound around a part or organ, intermittent pulse, shortness of breath on slight exertion, fear of impending trouble or danger, uneasy sensation in the region of the heart, irregular action of the heart.

The dose of specific cactus is one to ten drops, but an efficient dosage is furnished by the following prescription: ℞ Cactus grand. gtt. 10 to ʒij, water ʒiv. M. Sig. Teaspoonful every hour to every three hours.

PNEUMONIA.

W. J. Kinsley, M.D., Seneca, S. D.

I shall endeavor to speak briefly on the subject which is of such great importance to the people of all communities, either city or village or isolated ranches.

Usually the physician has not seen the patient for at least twenty-four to forty-eight hours from the time of the initial symptom; in some instances the time is perhaps longer.

The man or woman in the general practice of medicine is, as a matter of course, necessarily prepared to meet whatever they may happen to come in contact with and not consider with any great alarm any complaint the patient may make as regards the condition present.

Let us then, as regards the morphology of the disease, pause for a moment. I say morphology at this point, for it is well understood what most of the etiological factors are and therefore it is well to omit any statements in that part. The bacillus capsulatus mucosus (and known as Friedlander's bacillus) must be looked on as a type of a group of organisms often identified in the saliva of normal individuals. It is, according to a foremost author, not infrequently found in purulent accumulations; is occasionally found in feces and sometimes under external saprophytic conditions.

It measures 0.5 to 1.5 *u* in breadth and 0.6 to 0.5 *u* in length. The organism is non motile, has no spores and no flagella (McFarland).

As to the pathology, you are all familiar with that beyond a doubt. Take, if you will, for consideration the stages or conditions met with in this disease: (1) Engorgement; (2) red hepatization; (3) gray hepatization and purulent infiltration, followed, we may say, in some instances by abscess formation or gangrene, as it may happen. Let us go on to symptomatology and view a case.

History elicits a chill some forty-eight hours previous. You see a red spot on the cheek, the alae of the nose dilating at each effort of respiration, anxious expression of face, great restlessness and anxiety. You take the patient's temperature and find 102 or 103, count the respirations and find 35 to 50 or more. On percussion dullness of the affected side, or perhaps both lungs may be involved, as the case may be. A cough with an expectoration the color of prune juice or perhaps bright red. One can safely say on these findings without any bacteriological examination the case is a pneumonitis. The diagnosis being ascertained to the physician's satisfaction, the idea of treatment is due for consideration.

It has been my privilege to attend approximately 200 cases of pneumonitis in the past eight years. To many of you this may seem a small number for the great length of time involved. However, inasmuch as the mortality is based as high as 80 per cent. in this disease by authors, it is a source of pleasure to me to know how few fatalities I have met with under the following medication as according to specific symptomatology.

As regards the patient, there is always the question of age, sex, race, nationality, temperament and to say idiocyncrasies for this or that particular drug. For example, hot, dry skin together with great anxiety and restlessness and a small wiry pulse we all know calls for aconite. Hyperemia is the patholog y producing this condition, so why not add belladonna as a synergist. In a reasonable time the crisis is due, but before the crisis we are apt to meet with many changes of the patient. In an infant marked tympanites due to extension of the bowel, perhaps an appendicitis or a peritonitis. I remember last February I had a case of an eleven-months-old boy with a general peritonitis on the seventh day following a pneumonia. Then, too, there is delirium. Watch out for your secondary meningitis in a delirious patient. I have had a few meningitis cases follow pneumonia and have successfully handled the cases with gelsemium in combination with hyoscyamus. A purgative at night is my rule; not a griping drastic, but say perhaps a two-grain tablet of plain sodium.

Unquestionably do I endorse lobelia, aided by a camphor oil rub on the back and chest, and enveloped in a cotton jacket with lobelia according to specific dosage I never have had to feel any regret. At the end of the fifth day watch your patient's heart action and be governed by the age of the patient. Babies and old patients require very close attention. A 1-60 of strychnine every four hours will ease your patient and your own conscience.

It is well to have a trained nurse when possible, but sometimes when you

are twenty miles from the nearest railroad and forty miles from the nearest hospital and the weather 40 degrees below zero you will be obliged to do without a trained nurse and must rely on some member of the family to help you and you will write your directions in a simple manner and give each tablet or spoonful of medicine according to a set time. As to the use of serums in pneumonitis I do not find them material.

The crisis of pneumonia is the important event. I have had the crisis delayed as long as fourteen days before the temperature dropped. Thereafter is a period of convalescence in some cases as long as four weeks, during which time the patient's heart action should be closely observed. Never permit a convalescent to be up and about for at least twelve days. Sudden death has occurred where the patient has been permitted to exert himself, even to walking across the floor. This brings me to complications and sequelae, so I will close at this point.

VERATRUM VIRIDE.

W. E. Daniels, M.D., Madison, S. D.

It is not my intention to burden you to any great length with this most important drug. I say important, for I am quite sure that but few of us have ever given it more than an ordinary thought. But to me, having studied it so long and so favorably, I can not refrain from repeating many things that most of you already know.

At present we are all so thoroughly American that anything that savors of America ought to go, and as this drug is an American product wholly and truly and found in no other country but ours we ought to be willing to give it a hearty welcome, and we who have studied and used it I am sure do.

It belongs to the lily family, grows in low swampy places, is about two to four feet in heighth. Some manufacturers have used all the parts, but the only real reliable preparation is made from the roots, and the most reliable preparations that I have found are Lloyd's Specific, Merrill's from the green root and Norwood's Tincture. There may be others but I am not familiar with them. Preparations made from the dried plant are practically useless.

The dose varies with the disease you are treating. From ¼ gtt. to 15 or 20 gtt. can be given with safety. It is classed among the poisons, but I have had patients take it in very large doses and have never seen any serious results, as the stomach rebels and vomiting ensues before a fatal dose is absorbed.

I wish to make the assertion that it is one of the most positive drugs that we have, excelling morphine in its positiveness of action, but it is better to give it in small repeated doses and watch the effect. It is a decided sedative and heart depressor, but not in the same sense that the coal tar derivatives are and even in large and continued doses it leaves no deleterious

effects. It is one of the most easily counteracted drugs that we have and the effects of an overdose will wear off in two or three hours. When an overdose is taken any form of stimulation will act quickly and satisfactorily. When an overdose is taken the pulse slows rapidly, respiration is slower and somewhat retarded, the skin is covered with a cold clammy perspiration, there is more or less dizziness and usually about this time vomiting begins and the danger is usually passed.

We are told that it is indicated in most fevers where the patient is strong and the pulse is full and bounding with more or less of a suffused appearance of the face and the veins full, showing a retarded circulation, but I have used it to good advantage where the pulse was very weak and very rapid, and in slowing the heart beats added strength to the same. It is a drug that combines nicely with most of our other fever remedies and its use in diseases is legion.

If there is a drug that will cut short or even abort pneumonia, veratrum is that drug, and when combined with asclepias tub. will cut short the disease from two to four days, but it works best in the early stages. In bronchitis, tonsillitis and other inflammatory conditions of the respiratory organs no drug acts more quickly and satisfactorily than does this drug. In cerebro-spinal meningitis combined with gelsemium and occasionally with echinacea it is par excellent.

If there is a class of diseases that bothers the ordinary physician it is that of the skin, and impetigo is one of them. Whether it acts as an antiseptic or germicide I do not know, but I do know that if it is combined with echinacea one ounce each to two ounces of spt. nitre and applied every half to one hour and if possible keep the parts covered and the covering saturated with this combination that within a very short time the disease will stop spreading and in a very few days the patient is well.

In all infected wounds it will work wonders, and no preparation that I have ever used works so quickly and so satisfactorily in erysipelas as does veratrum and spt. nitre, one part to four, applied locally. It will abort boils and pimples and if used early will kill styes.

It has been overlooked as an alterative, but there are few remedies, if any, that will give as good results in the primary stages of syphilis as veratrum and in the first stages of gonorrhea combined with gelsemium and a small dose of bicarbonate of soda in plenty of water after meals. It is seldom that any other treatment will be needed and I can assure you that there will be no need of sounds to correct strictures, and the cure will be complete and sure and no after-effects.

In the beginning of the ordinary goiter where the tumor is still soft given internally and applying freely to the parts will cure most cases. There is no other drug that is recognized and used by the entire profession irrespective of school in puerperal eclampsia as frequently as veratrum viride. Given hypodermically in ten to twenty-drop doses every twenty to sixty minutes but few cases will resist its curative action. It can be used in conjunction with subculoyd and few eclampsia cases will need anything else.

I have used it frequently and to date have never seen a case die where it was used and no harm results from its frequent dosage. Perhaps veratrum viride is a hobby of mine, but there is no drug in the materia medica that finds as many uses in my work as does veratrum viride.

FEVERS AFTER LABOR.

P. A. Spain, M.D., Paris, Tex.

A full treatise on this text would require a volume, but for this occasion a few general observations and conclusions will suffice. My aim will be to dwell more on the prevention of fevers after labor than on their treatment after appearing.

I have long believed that the most critical period in a woman's life is the first few days after confinement. We seldom see a woman die on the day of confinement. Somehow the Creator has decreed that such a thing should not occur, but during the next ten or fifteen days following childbirth many a brave and useful woman goes down while running the gauntlet of the puerperal state.

Anything which contributes to the lowering of the vital forces, either during pregnancy or after confinement, thus lessens the chances of a healthful readjustment to active life. When this vitality—this vital resistance of the patient—is crippled then the thing we call infection easily does its mischievous work.

No doubt all sorts of infections do occur in many cases, but the buoyant vital force—the innate capacity to live—asserts itself and destroys or eliminates the infecting material and the patient survives with little seeming disturbance.

In any disease perhaps the great hindrance to recovery is lack of elimination, but nowhere in human conditions is the call for eliminative processes so urgent as in post-delivery stages.

The usual sluggish action of both bowels and kidneys before labor leaves the system heavily charged with matter waiting for elimination. Added to this the normal evolution or involution of the womb throws heavy work on the kidneys, and if from any cause the reserve power of the kidneys is crippled then the postpartum siege is doubly hazardous. In addition to this retained shreds of membranes, which no ordinary care can always prevent, begin to decompose, and by absorption into the blood current put other extra work on the kidneys. This is perhaps the most dangerous contributory cause of "fever after labor."

Haste in the delivery of the placenta I believe has put many a woman's life in serious jeopardy. Go slow and get it all is imperative.

Chief among the other causes contributing to fevers after labor may be mentioned:

First. Hemorrhage at the time of delivery, which lowers blood pressure, thins the blood plasma, and thus lowers all vital functions.

Second. Lacerations, which offer an easy seat for infections—even a small rent or tear on any section of the outlet will sometimes result in days of fever.

Fourth. Malaria, with its round of developing plasmodia, congestions, etc.

Fifth. Nephritis, which of course cripples elimination.

Sixth. Exposure to damp or cold drafts, thus checking excretions of skin and congesting all inner organs, thus preventing the lochial waste.

Seventh. Excitement or worrying with the crying infant, thus deranging the harmony of all functions.

Eighth. Heavy dieting too soon after delivery, thus loading the alimentary canal and the blood current with fermentive excrementitious matter at a time when excretory functions are already overtaxed.

Ninth. Old standing ovaritis, salpingitis, even otitis media and pyorrhea or any previous pus conditions about the body of the patient or members of her family, thus heavily increasing the chances of infection.

Tenth. Bandaging of the abdomen of the mother may also contribute to mischief at this time. Many readers and writers will resent this position, but I have never yet been able to figure out that a bandage applied either to the mother or the infant immediately after delivery was anything but a hindrance to normal functions. They interfere with the normal peristalsis of the womb, thus interfering with proper lochial discharge and normal involution. Hence, fevers arise. It is an irrational procedure either with the mother or the infant.

And yet the self-righting capacity of the organized body is often wonderful in the extreme. Sometimes nearly all these causes may be operative and yet the pationt escape any serious consequences. Every physician has seen mothers infected with gonorrhea go through the puerperal state with little disturbance. Distressing gonorrheal ophthalmias arise in the infant in a few hours after delivery and run its sickening course of a few days and yet the mother may show little immediate after-effects.

To review all these foregoing causes of "fevers after labor" with a view to preventing their operation would be to make this paper a good sized book.

Expressed in few words the practical routine plan to be adopted in most cases of pregnancy and confinement is to look well to elimination by both kidneys and bowels, both before and after labor, get the most perfect quietude procurable for the mother, enjoin light diet (soups and gruels mainly) for three days after confinement, urge lots of hot soapsuds, spongings and frequent clean linen for the mother. Apply emollients of hot oil and poultices to the breast if any cakings occur; give three-grain doses ot quinine every six hours for three days, beginning on the day of confinement, thus raising the vital forces and stimulating uterine discharge and involution. These measures faithfully carried out are great fever preventatives in the puerperal state.

Should infection and fevers arise in neglected cases push warm antiseptic douches once or twice a day; give potash, iron, quinine and strych-

nine as the best inhibitors of the fever process. Clear the bowels well and keep soluble and aseptic with five or six Cal. Ip. et Sod. tablets every day or every second day and rarely will good results fail to follow.

The condition of phlebitis or milkleg might be mentioned as especially troublesome and lingering in some of these fevers. It is most prone to occur in phlegmatic or lymphatic types of women. In fact, the condition seems to occur as a result of some infection carried from the uterine cavity through the lymph channels and deposited in the lymphatic centers elsewhere.

Here again we must get good elimination through all channels, kidneys, bowels, skin and vaginal outlet. Quinine and salicylic acid must be given to inhibit germ growth and blood deterioration. One local measure I will mention which is not much noticed in text-books is to wrap the whole limb in new oilcloth, smooth side to the body, and over this wrap a quilt or other heavy goods. You will be surprised to note the decided recession in the pain and swelling when other measures have failed. The sudorific effect seems to be the main factor in the relief.

PNEUMONIA.

R. L. Thomas, M.D., Cincinnati, O.

The only apology that I have for writing on a subject that has so often been discussed at medical societies, local, state or national, is the increasing prevalence and mortality of this respiratory disease. We are not surprised when delicate children, who come into the world handicapped by a feeble vitality, bequeathed by parents whose vices unfortunately are often visited upon the children, die, nor are we surprised when the sands of life are running low and the patient has passed the Pslamist's allotted three score and ten that a *few* patients die of pneumonia, but when we read of the mortality that has been reported from the various cantonments and in the army occurring in the most physically perfect and at an age when the resisting power is greatest, we are ready to protest against the modern treatment for pneumonia and assert that if the prevailing treatment was abandoned and good nursing alone substituted the high death rate would cease.

The mortality has been progressively increasing during the past five or six decades. The Public Health Report for June, 1917, (Ellingwood) gave 358 cases of pneumonia in forty-five cities in the United States. Of these 358 cases there were 214 deaths, a mortality of 60 per cent. Pneumonia thus leads all acute diseases in its death rate. To one who has practiced specific medication this death rate seems appalling and one naturally asks why the difference in the death rate.

Our regular brother lays great stress on sustaining the heart and cardiac stimulants are given freely from the beginning to the close, and usually to the great detriment of the patient. We read, "Nearly everything in the materia medica has been recommended in the treatment of pneumonia and

as yet no specific treatment has been found." Of course not, for all pneumonia cases are not alike and he who treats all his cases alike will have a high death rate. For thirty years I have been telling the students, after making your diagnosis of pneumonia forget, if possible, that he has pneumonia and treat your *patient*.

It is reported of a celebrated painter when asked what he mixed with his colors to get such wonderful results, replied brains. So in the treatment of diseased conditions. If the doctor mixes his medicines with brains, uses good common sense, he will have a small mortality in this usually dreaded disease.

In the large majority of cases in the early stage there is marked sthenia. A full, strong, bounding pulse must be overcome or modified if we hope to control the second stage, exudation or hepatization. Veratrum is the remedy par excellence. Unfortunately all cases do not show excess of heart power, but are characterized by a small, feeble pulse, and a heart depressant would be a dangerous remedy. It is not necessary, however, for me to specify the specific conditions and the remedies they call for to a body of Eclectic physicians.

It is only necessary to say that pneumonia, while one of the most serious of all acute diseases, is amenable to treatment, but it must be a rational treatment. New antibodies can not be developed or the bactericidal properties of the blood increased until we remove certain conditions. In one it will be wrongs of the circulation, in another wrongs of enervation, while in still another sepsis will be the chief wrong to overcome. If we correct these conditions, establish the secretions, give plenty of cool water and fresh air and keep the temperature of the room at 68 to 70 the mortality will not be over 5 to 10 per cent.

OZENA.

C. M. Neldon, M.D., Coshocton, O.

The term Ozena is derived from a Greek word and means a fetid polypus in the nose. It is characterized by a peculiar stench or odor which is unlike that of any other nasal disease. It is a symptom rather than a disease and is generally found present in cases of atrophic rhinitis. The mucous membranes of the nasal mucosa are diseased and are covered with a thick, highly offensive secretion with a tendency to the formation of flakes and crusts and attended by atrophy of the mucosa and certain parts of the framework of the interior of the nose.

Years ago the term ozena was applied to all intranasal diseases with odor. Later it was employed to designate catarrhal conditions in which there was decomposition of intranasal secretions, but now it is regarded rather as a symptom. It is necessary that we differentiate other diseases which are accompanied by offensive odor, as syphilitic necrosis, certain accessory sinus diseases, glanders, and some forms of neoplasms.

Peculiar conditions may be associated with it, especially where there is marked atrophy of the mucous membrane. The nose is generally broad and flat, the tip somewhat elevated. The anemia is secondary, and not primary as in chronic rhinitis. The mucous membrane becomes atrophied in the later stage and secretions and foul odors will spontaneously disappear after a longer period, leaving the membranes clean but sclerotic, the erectile tissue collapsed.

Sometimes there is ulceration and necrosis of the bone. The sense of smell is lost, which is not the case in chronic rhinitis. The breath is very ozenic. The crusts are distributed over the entire membrane and sometimes can be removed en masse, shaped like a cylinder. Frontal headache and dizziness is nearly always present, found to be more common in women and children.

Treatment.—The disease is self-limited after a number of years but the membrane is much damaged. Therefore it is essential to begin treatment early and consists in the removal of the cause of the inflammation and intranasal cleanliness. The removal of the crusts is best obtained by the use of an alkali solution either on cotton with a probe or by the use of a syringe. They will soon soften and are easily removed. This should be followed by some stimulating solution or powder; some use ichthyol, 10 to 20 per cent solution. I have obtained the best results by using a cotton tipped probe dipped in peroxide and rub the membranes briskly, then apply a solution composed of scarlet red, twenty grains to an ounce of mucilage of acacia. Some recommend the injection of paraffine, but I have seen marked improvement in the decrease of the nasal space by the use of the above treatment.

OUR OWN MEDICINES.

S. M. Sherman, M.D., Columbus, O.

At the present day our brethren of the dominant school are skeptical as to the benefits derived from medicines and have become infatuated with the idea of *preventing* diseases, which we will all agree is (if it is done in the way of sanitation and right living) a very laudable ambition. To surgery also we owe some of the skepticism as to the value of medicines. Brilliant feats are performed by skillful surgeons and the supposed immediate cure wrought before the eyes of awestricken relatives and friends is so apparent that the slow process of curing ailments by the use of medicines is overshadowed by the quick efforts of operation.

Surgery attracts to its ranks many men of bold and decisive nature who can not brook the delay of waiting for results like the keen, patient, observant therapeutist, so resort at once to surgery. Surgical operations in the majority of cases leave the patient maimed for life, while a cure by medical treatment restores the body and its functions to their normal state. Of course, operation is often necessary and is, in some cases, better than

suffering from the disease which required the operation. But to condemn medicines as of no use is not reasonable. Many physicians have therefore to a great extent discarded the use of medicines and undertake to chemically neutralize the disease germs and their products. For this they depend mostly upon certain serums or vaccines discovered or invented and loudly proclaimed by enterprising drug manufacturers as sure cures for some diseases. The advertisements are so loud that one can hardly think of anything else, and great profits have been derived from catering to the new fads.

These manufacturers employ the most enthusiastic theorists or dreamers and no sooner does one of them have a revelation or dream of a cure for a disease than forthwith a serum is invented for the case, and an immense amount of literature is sent to every doctor in the land with full accounts of the supposed virtues of the new find, full directions for use, and instructions to use it very early and often.

These medical brethren of whom I speak are earnest and conscientious in their efforts to find something which will relieve their patients. Their greatest failing is their credulity, as shown by their eager acceptance of all these new discoveries on the mere assertion of some theorist who never had the least experience in the real practice of medicine.

It is to be hoped that out of all the efforts and experiments put forth by these enthusiasts some lasting good may come, but it will be many, many a year before diseases will cease to trouble mankind. In the meantime some one must treat those who still unfortunately are afflicted. Who is there that can do this as well as those who for nearly a hundred years have been familiar with the actions of medicines in controlling or mitigating diseases, and have proved and confirmed their findings, until they have become certain of the cases in which a remedy will prove beneficial or curative?

Our medicines are not depressing, but are calculated to sustain and strengthen the vital powers of the patient so that when the disease is conquered he is able to go on to complete recovery. We have no reason to be medical nihilists, for we have medicines with which to successfully combat every curable diseased or deranged condition of the human system, and while we are curing the disease we do not lose sight of the welfare of the patient.

We can mitigate the severity of diseases and in many cases greatly shorten them. In fact, I am sure you can all recall cases in which the patient has said, "Why, Doc! I couldn't have been so very sick after all or I wouldn't have got well so quick. When I had a spell like this before Doc. Smith gave me plenty of calomel and worked on my liver till I thought I would die, but he pulled me through at last. I was pretty wobbly for a good while though."

How very busy some doctors can be with a few cases and what large bills they can make. It makes one's pocketbook yearn for the fees, but a part of our recompense is in the knowledge that we have lessened the sufferings of those committed to our care, and thus our conscience is satisfied,

though the patient may not have sufficient discernemnt to give us the credit justly due us.

There are at least three things of which the Eclectic school of medicine has a right to be proud. One is the abundance of its resources in the way of medicines which it has brought forward and developed.

Another is that we have the best and most perfect preparations of those medicines made by members of our own school, who stand among the best pharmacists in the world.

The third is the certainty with which its practitioners are able to prescribe them.

With our medicines of known properties and definite strength we can enter the sick room with confidence.

A careful examination of symptoms in the case will usually indicate at once the remedies to be used. If our observations are correct and we have interpreted the symptoms aright we are as sure of success as it is possible to be. It has been the aim of skilled and careful therapeutists to ascertain the effects of their medicines in all conditions of disease and to note the symptoms of cases in which they have proved beneficial. By these observations, repeated by many investigators through years and years, we have established definite and positive indications by which we can with certainty select the agent which will be of benefit. Our allopathic brethren have some good medicines, and some of their number have certain signs of their own which they follow in prescribing and by which they secure good results, but have no definite indications which are of general application. As a rule there has always been a tendency amongst them to prescribe for a disease as an entity and not attack it in detail.

We are so far ahead of our friends in this matter and in the quality of our medicines that numbers of them use specific medicines and are guided by the printed directions which accompany them. Many of these regular brethren have openly acknowledged the superiority of our system of therapeutics over theirs and have denominated us "specialists in medicine."

In view of these facts, I believe that a physician trained in specific diagnosis and specific medicine (which is the Eclecticism of today) is able to practice with more confidence and less misgivings than he of any other school of medicine. We are not inclined to be carried away by the fads that continually arise for the treatment of this or that disease, for we are not doubtful and dissatisfied with our own treatment and ready to grasp at every new thing that may be strenuously advocated by the overzealous theorist of some school of research or by some enterprising manufacturer of catchy novelties.

We have proved time and again that our medicines are pleasant to take, certain in their action and, above all else, are not injurious to the patient if used as we use them. I do not mean that we should fail to investigate new things in the way of treatment and keep abreast of the times, but that we at least should not adopt a new thing to the neglect of our old and

tried remedies which we know. Wait until it is proved. We should not be like the gold miners of the West, dropping everything and rushing off pell-mell on the first report of a rich strike, only to be disappointed by the exaggerated stories.

We want the best medicines that can be procured for our patients. We should therefore carefully study each new agent and if it is found better for the conditions present than our usual indicated remedy we will of course adopt it. So let all medicines be tried and proved before adoption. Many misfortunate mistakes have been made by being too sanguine in taking up new agents. To mention only one: My fellow members who were in practice when acetanilid was introduced will remember the eagerness with which the new antipyretic was taken up because of its great power in reducing temperature, and how freely and indiscriminately it was prescribed in all cases presenting fever symptoms. They will also remember seeing many patients greatly cyanosed, covered with a clammy sweat and with heart beating feebly. How vigorously we had to labor to overcome this depression and save the patient. Even then many of these unfortunates died from what was called heart failure from grippe, when the true cause of death was acetanilid poisoning. Many other new agents have had a similar career. A few, however, have been found to possess merit when they have been properly studied.

So, when we consider the great extent of our materia medica, the knowledge we have of it, our success and our satisfaction in using it, and the esteem and envy with which it is regarded by even those who deride us, why should we not stick to *our own medicines?*

It was feared when the present world war was forced on to the nations of the earth by a war crazed monster that we should suffer for lack of the chemical medicines made in Germany, but we have in America those that are better and safer. We do not need German made medicines any more than we need German "Kultur." *Our own medicines* are good enough.

DISCUSSION.

Dr. E. B. Shewman (Cincinnati, O.): I came in at the point where Dr. Sherman said that a large percentage of the operations were mutilating. We had today in a paper by a member of this organization the statement that 80 per cent. of operations were unnecessary. I notice Dr. Adlerman has a paper on "Insanity and Surgery," and I suppose he is going to say that surgery causes 80 per cent. of insanity. I want to impress upon you that 90 per cent. of all surgery is referred to the surgeon by the general practitioner. I have had surgery referred to me by men who are as good practitioners as we have today anywhere. I did not maim their patients; I helped them. Those general practitioners had treated those patients over a long period of time with medicines, and with no results. Are you going to cure a fibroid with medicines? or a perforated appendix with medicine? a salpingitis with medicine? a pus gall-bladder with medicine? an empyema with medicine? Surgery has its field. There have been things done in surgery that should not have been done, but conservative surgery is one of the blessings to mankind. Of course each patient should have a thorough and careful diagnosis to ascertain the surgical needs, but when that

is done you need not be afraid of maiming the patient—you are helping the general practitioner. Surgery and medicine should go hand in hand, and yet each separate and distinct, but the medical man should be able to recognize a surgical condition. I had an illustration of that a short time ago. A man was brought to me last week with a strangulated hernia of three days' standing. When he came under my observation, at the bulging of the hernial opening there was an enlargement. I asked the doctor if he had noticed that, and he said, "Oh, yes, but the patient said it was no worse than before." There was a case of procrastination. Medicine could not cure this fellow, and the result was it required five inches of resection of the bowel. In some cases we have an emboli that is carried into the coronary artery and death ensues in a short time. That is where medicine does not cure; that is where procrastination costs a human life.

I believe in medicine, and I also believe in surgery. If a man has a severe abdominal pain, with nausea and vomiting that does not respond in a short time, he has passed from the medical stage to the surgical. I would like to have closer harmony between medicine and surgery.

Dr. E. G. Sharp: I enjoyed Dr. Sherman's paper very much. I think he has struck the right chord, and I do not think there is any intentional slap at surgery. We men who do surgery must recognize that many men do surgery a good deal of which is not referred to them by physicians, and if they were our cases they would not be operated on. Most of my surgical work is referred to me, but I know men who go out and drum it up—work which is uncalled for and unjustifiable and that I would not think of doing. It seems to me that is the class of surgery that brings reproach to surgery from the medical men. I think that is the class of surgery to which Dr. Sherman refers.

Dr. H. H. Helbing: I feel that many medical men who speak on this subject are a good deal like men who oppose vaccination and antitoxins—they have not seen these surgical cases; they have not seen the results of vaccination, have not used it and have not given it a fair trial. It is the same way with the surgical proposition. Men have not seen the surgical cases; they have only seen the medical cases. Only a man who is experienced in surgery can judge whether a man is maimed by surgery or whether the condition following surgery is natural. We can not prevent adhesions following certain kinds of surgery. A patient of that kind operated on is bound to suffer after it, and yet the surgeon is blamed by the laity. It is true, as Dr. Sharp says, that some surgeons have no conscience and will operate when it is not necessary, but there is one case of that kind where there are fifty to one hundred of the other kind by conscientious, honest surgeons who are trying to benefit the patient.

Dr. S. M. Sherman: I am sorry to have tramped on the toes of the surgeons. I did not mean to do it. I know many surgeons are conscientious. I believe Dr. Shewman and Dr. Helbing belong to that class, and if I were to have a surgical operation I would be perfectly satisfied to have them operate on me; but I have seen many surgical operations that were uncalled for and where medicine could have accomplished better results. What I meant to say was that the surgical operation, even the successful one, leaves its mark, while a patient cured by medicine is well and whole. Of course an operation produces an inevitable maiming, although the operation may have been successful.

Dr. Sharp mentioned some things which are my idea, that is that some surgeons will operate for a fee when the conscientious surgeon would spurn an operation. I just want to plead for the use of medicines, the study of our own medicines and making the best of them instead of giving new ones.

THE HEART.

Walter F. Hinckley, M.D., Waterbury, Conn.

During my practice of over forty years I have in recent days conceived the fact that the heart is little understood and appreciated in its valuable service within the cycle of life's vital machinery.

People are allowed to go on the downward grade in the last few years of their lives, complaining with such symptoms as infrequency and intermittent pulse, valvular disease, etc., and encouraged in the belief that their condition is irremediable, with no hint of encouragement or method of reform suggested in their manner of living; whereas, should their habit of inhibition of liquids be known nine times out of ten it would be found that they were poor water drinkers.

They have systematically robbed the blood of its proper proportion of fluidity, so that the normal impulse in its rhythmal time could not take place, and, as the first heart beat failed to strike, the second one, burdened necessarily with double work, wrought heavily upon the cardiac structures. Then another beat was lost and another heavy stroke followed, until the intermittent pulse was established, the heart overstrained, the valves disarranged, and later other conditions induced as a natural sequence, until finally a train of alarming symptoms supervened.

Is it any wonder that fear and apprehension should have filled such a patient with dreadful forebodings? Yet what do you think of the practitioner that will at this time add to the patient's already burdened mind the calm assurance that his case is incurable and that he must not stir, but avoid all exertion, live quietly and bide his time?

How much better it would be to deal honestly with your patient by explaining the office, care and treatment of the heart. Tell him how the heart adapts itself ever to the requirements imposed upon it. How, in the earliest fetal life when only a very few drops of blood were formed, it developed its own machinery to circulate it, that as the blood increased and more members among the tissues developed the central circulatory system increased to meet the demand. How its impulse to beat is inspired from the volume, presence and pressure of the circulating fluid present within its walls. How it always waits until the quantity is just sufficient before it gives the next heart stroke. How the consistency of the blood is in itself a very essential matter, as the life it bears is contained in the serum of the blood, and the vitality of the blood may be reduced by the paucity of its liquid content. And in case they have been cutting down the normal quantity of water (five or six pints per day) they have been instrumental in bringing the heart to its present abnormal condition, and that they can at any stage, even in those where hope has been wholly withheld from them, begin to correct their habits, drink more water, and by hopeful encouragement, coupled with gradually increasing exercise, be able to regain much of their lost ability to enjoy many more happy days.

In March, 1916, I visited Mrs. G. A. N., aged 76 years, who was under another doctor's care with valvular heart disease. She sat in a low rocking chair, which her husband would pull about the floor to let her have change of locality. She had abandoned all hope of ever walking or seeing any of her many friends unless they came to her, and then her guarded care to be quiet had rendered her so weak that she had no strength to visit. She had medicines to steady the heart, move the bowels, and also a tonic. She was drinking only a little tea, not over a pint of liquid in every twenty-four hours.

I explained to her where she had failed and she adopted my suggestions. So that in July, 1916, she was able to walk half a mile, drink three pints of water a day, and in September, 1916, attended a re-union of her husband's family, riding over forty miles on the trolley cars, and had then got up to drinking four pints of water per day, and lived on until February, 1917, dying of acute pleurisy.

I trust this paper may awaken the all-important fact that the heart must be cared for from first grasping its office and, second, by treating it scientifically.

ECLECTIC ATTITUDE IN THE TREATMENT OF DISEASE.

A. T. Rank, M.D., Cavett, O.

The satisfactory and somewhat recent treatment of a couple of cases of spinal meningitis, together with an adjoining case which received the ultra-scientific (?) treatment and ended in the cemetery; the noting of many cases in army camps reported in recent literature, as well as the continued great loss of life from pneumonia, has led the writer to reflect anew on the Eclectics' attitude toward disease.

Why is it less scientific to consider the *cause* of a patient's condition due to some altered or wrong condition of living rather than to some specific microbe or organism? Should not all elements be considered? Is it not probable that the calling of many young men unaccustomed to much physical exercise and putting them through long hours of rigorous military drill (thus placing an unaccustomed tax upon the spinal reflexes)—is it not reasonable and scientific to consider this an element of at least some of our spinal cases?

Cases there are which undoubtedly are infectious in origin; but must all contagious and infectious diseases be treated with some serum or bacterin to be dealt with scientifically?

Of five cases of tuberculosis the writer reported under treatment at our National meeting two years ago four have fully recovered and one much improved under our intramuscular and intravenous use of vegetable remedies. Or, further, witness our use of emetine for pyorrhea alveolaris or the subculoyd lobelia in diphtheria, vegetable remedies meeting specific bacterial infection. Again we ask, Why is it less scientific to use a vegetable

remedy rather than a bacterin or serum, especially when our mortality is lower?

After a practice of over a dozen years the writer has had a death rate of far less than 5 per cent. in pneumonia. We consider this not unusual among those following strictly Eclectic methods.

It seems to use that the hour has struck in our country's need for Eclecticism. It may be called scientific to devote a dozen pages to etiology, pathology, symptoms, diagnosis, etc., and one paragraph to treatment—but the cry of the race is for help.

Surgery does not especially need us (the regulars are taking care of that), but the great death rate from pneumonia alone certainly calls in clarion tones and Eclecticism should serve her country by showing what can be done in reducing a needlessly high mortality. A life saved in camp is as valuable as one saved on the battlefield.

Our various states recognize and license Eclecticism as a system of medical practice. The Eclectics should not be expected to enter military service and treat under a system that loses from 20 to 50 per cent. in pneumonia when we are convinced our own methods would hold the death rate far, far below half of that mortality.

However, Eclectics have been so patriotic that many of them have entered service even under the handicap and injustice of being compelled to be under and use the methods and treatment of the dominant school. This is not justice. We are Eclectics because we conscientiously believe in the precepts and methods peculiar to our system of practice. If our treatment be superior, is it not our duty to see that there is an Eclectic unit at the front, and that our men work as they have been educated and as they have successfully practiced? Will we not best serve our country by securing and serving under conditions where we *have* our own remedies and *use* our own methods of treatment? These are questions of the hour, and may we solve them in that manner through which we may best serve mankind.

DISCUSSION.

Dr. Morse Herrod (Ft. Wayne, Ind.): Dr. Rank has given us a fine paper. He has gone over a good many things that we all know about, but he has told us something that we have not done with reference to the treatment of pneumonia in camp cantonments. This is of vital importance because their death rate has been very high. I wish everybody here would discuss this paper. I know Dr. Rank is a very able physician.

Dr. William T. Best (Indianapolis, Ind.): It was my privilege recently to visit the post hospital at Camp Taylor, where the question of the results of the treatment of pneumonia was somewhat discussed. I am very sorry to inform you that the death rate from pneumonia at that base hospital is very much as depicted in the paper just read—a paper which I enjoyed very much. The question naturally arises, do these men meet a type of pneumonia that is different from what we meet in our general practice that makes it so very destructive to human life, or is the difference in the treatment? It has been suggested by some who have met in private practice some of these cases such as they have had at Louisville, that it is not the usual type of pneumonia, that it is more destructive, more difficult to

treat, that the results are not as satisfactory as those in the ordinary practice of our physicians in their daily routine. Personally, as far as my acquaintance extends among my professional friends, I know very few Eclectics who would not be ashamed of a record of more than 5 per cent. of deaths in the treatment of pneumonia. But I am ready to believe that some of these cases are different, that the conditions are different from what we find in the ordinary practice of medicine. I am informed by one of the officers at the Great Lakes Training Camp that many of the soldiers suffer abnormally compared with the cases we meet in private practice, because they do abnormal things, because they are under abnormal conditions. These things may be true, they may have a very extensive bearing on the etiology and the pathology of the disease. How much of this is true I do not know.

While in Louisville I made myself busy asking questions, but I was not told much by the physicians in charge; they do not seem to be allowed to discuss these things very freely from the outside. I may not have been as fortunate in getting information as may some others, but I received but little information from the physicians. But when I came into the laboratory, which is well equipped considering everything—and I will say that the base hospital at Louisville is well equipped—and the conditions there justify a feeling of pride in the accomplishments brought about in the short space of time. One of the bacteriologists told me that they had not been able to find the particular germ which caused this particular type of pneumonia. They had previously shown us X-ray plates of a number of different cases in which empyema was the result of an attack of pneumonia and these plates showed an accumulation of pus in the chest cavity. They thoroughly study their cases from that standpoint and they also make every endeavor to find out why these men have this disease in this way with such an astonishing death rate. This man told me that they do not know—some seem to be due to streptococci infection and others due to pneumococci infection—but they found no particular germ that seemed to account for this epidemic of pneumonia which has been particularly spoken about in camp life and particularly so at Camp Taylor. I am informed also by a man representing the Y. M. C. A. at Camp Shelby that they had a like condition. He told me their death rate was six to one thousand for two months straight ahead. He said that that was not generally known on the outside, but it was true and that the disease seemed to be benefited very little by any of the treatments.

Now, in regard to the treatment, this bacteriologist told me there was only one period in these attacks in which the bacterins or the serum treatment afforded any benefit, and that was in the early stages. He said after that time they got practically no results whatever from that type of treatment. I asked him what they did use after the serum treatment, and he said, "We give the usual treatment," and smiled. I said, "The usual treatment?" And he said, "Yes, with the usual results." This bacteriologist did not seem particularly anxious to cover up the facts, but the doctors there seemed not to be willing to discuss these cases openly. I am sorry this condition exists. If these cases are of a different type, if the results come about from conditions we do not understand, it is high time we got at the facts. If it is true that the treatment is not producing any results it is high time that treatment was bettered.

Dr. W. N. Mundy (Forest, Ohio): I have had peculiar opportunities to find out something about the pneumonia that is met with in army camps. I am not at liberty to tell all that I have learned, but I am informed they are generally a streptococcus infection. The cases are X-rayed, and the cases

that die are autopsied. Where pneumonia followed scarlatina it was almost always fatal. These cases following scarlatina have empyemas, and at the autopsy they would find pus in the chest cavities, under the lung where it overlaps the heart and in both pleurae. It is my judgment that we never meet pneumonia like that in private practice. I have been practicing over a third of a century and the number of pneumonias I have had with empyema following have been very few.

I personally feel that in the camps they are treating a different type of pneumonia than you and I meet with in private practice. I feel there is a difference in the conditions surrounding these men to that met with in their own homes. The Y. M. C. A. men tell you they find that it is hardest on the men that are downcast and broken-hearted and homesick; you can not treat them as successfully as the boy who has home surroundings and comfort. At the Columbus barracks many a night boys could be heard crying—enlisted boys—who were homesick, but they were glad that they had one good medicine for them, and that is work.

I will tell you about one young fellow I knew of who had influenza. He was too proud to tell his company physician that he was sick, because he did not want to be called a slacker, and so he stood in the ranks and stayed in the ranks until he dropped and had to be carried into the hospital. He did not have pneumonia, but he had a mastoid abscess and has had I do not know how many operations on antrum, nose and mastoid and he has been in the hospital for three or four months. Men will do things in camp that they will not do at home. If he had been at home he would have gone to see his family physician. I do believe the mortality is too high. I do not believe in the serum treatment.

Dr. N. A. Graves (Chicago): The doctor spoke about the use of lobelia in the treatment of diphtheria. I want to say that I am rather in hopes that not many of you treat diphtheria with hypodermic injections of lobelia. My own opinion is that it has no antitoxic value whatever. It is one of the best remedies we have, but it is absolute folly to treat any case of diphtheria by hypodermic injection of subculoyd lobelia. It is antispasmodic, it is a cardiac stimulant, but it is absolutely impossible to treat diphtheria where the Klebs-Loeffler bacilli are found by hypodermic injections of lobelia.

Dr. A. T. Rank (Cavett, Ohio): The paper was not written with the object of criticising the treatment of pneumonia especially. I understand the disease is somewhat different in type in the camps, possibly because the conditions are somewhat different. Pneumonia was used as an illustration of the results we obtained as compared with those obtained by the regulars, and that we as Eclectics should not be expected to go into the hospital and treat diseases under regular methods. We have been educated as Eclectics and our records as to mortality will compare favorably with the doctors of any other school in any class of disease. I used pneumonia as an illustration because it is a prevalent disease in the camps at this time.

As to the hypodermic lobelia, I would say that I have never used it in diphtheria. I use antitoxin in diphtheria. I mentioned that in connection with the use of vegetable remedies in the treatment of tuberculosis. I think it is true that it will counteract the tubercle bacillus as well as bacterin and I am sure it would meet the conditions in pneumonia as well as serum and bacterin.

SURGICAL TREATMENT OF EXOPHTHALMIC GOITER.

E. B. Shewman, M.D., Cincinnati, O.

The thyroid gland, anatomically constructed and located with its physiological importance in the metabolism of the body, should have some consideration before dealing with the pathological or functional wrongs. Vast and important knowledge has been obtained experimentally and clinically, but we possess a limited knowledge of the real function of the thyroid and para-thyroid glands, which factor we must deal with in treatment, either medicinally or surgically, and endeavor to correct hyperthyroidism, hypothroidism or hypoparathyroidism.

Anatomy.—The thyroid, composed of two lobes located on each side of the trachea behind the sternohyoid, sternothyroid and omohyoid muscles anterior to the carotid sheath, surrounded by a thin, firm membrane of fibro-elastic tissue, a part of the cervical fascia, this sends processes between the glandular units for their support and acts as pathways for nerves, blood-vessels and lymphatics.

Anatomically it is the capsule, but surgically it is a part of the gland itself. The deep cervical fascia securely unites the covering of the gland to the trachea.

The para-thyroids are two or more small glandular bodies lying behind the lateral lobes in the loose areolar tissue. They may be in close relation with the capsule or with both. They may be encountered anywhere from the lower to the upper pole of the gland.

The thyroid is very vascular, receiving its blood supply through the superior thyroid artery, a branch of the external carotid. Inferior thyroid branch of the thyroid axis from the subclavian and in 10 per cent. of the subjects from the thyroidia ima branch of the innominate artery.

The para-thyroids receive their blood supply through the para-thyroid arteries, usually branches of the inferior thyroid artery—occasionally a branch from both superior and inferior thyroid arteries.

The function of the thyroid, so far as we know, is imperfectly understood. It apparently depends on the iodine containing albumen (iodothyrin), which is capable of replacing the thyroid secretions functionally. It assists in metabolism, regulating oxidation in the body and has a special influence on the nervous system, especially sympathetic vasomotor nerves of the skin, on the osseous system and on the sexual system. The function of the para-thyroids is very distinct from that of the thyroids.

This brief description of the anatomy and function of these glands is essential to the treatment. Therefore we know that hyperthyroidism is overactivity of the thyroid, which gives rise to a complexity of symptoms known as Grave's or Basedow's disease; that the complete excision of the gland is followed by myxedema and tetany; hypothyroidism is due to degeneration, atrophy or destruction of the thyroid. It also leads to myxedema. Removal or destruction of the para-thyroids is followed by tetany, hypo-parathyroidism.

Understanding these factors should lead to a rational treatment. We know that iodine and the thyroid extracts are detrimental to a case of hyperthyroidism, but are of benefit in hypothyroidism and that the parathyroids extract of beeves and parathyroid-nucleo-proteid are beneficial in hypo-parathyroidism.

The surgical treatment of hyperthyroidism or exophthalmic goiter is a complex problem and each case must be studied thoroughly. We know that the disease often remains stationary or improves and reverts to a normal condition without treatment, hence surgical interference is by no means always necessary. Also every exophthalmic goiter patient must be considered a neurotic and dealt with accordingly. The characteristic feature of exophthalmic goiter is its great vascularity and the basic principle is the reduction of its blood supply, either by bi-polar ligation or excision, this depending on the condition of the patient and the judgment of the surgeon. Ligation is preferred in the advance cases and should be the choice. Later when the patient improves a partial excision can be done with safety. Excision should be the choice in the early cases.

Ligation should include both superior poles of the thyroid and the large dilated veins found over the capsule. A higher death rate has followed ligation than extirpation, this being due to the severity of the cases, in which a severe operation was unjustifiable.

It is a fact that alarming symptoms of hyperthyroidism have followed thyroidectomy, this being no doubt due to the careless handling of the gland at the time of operation, expressing the thyroid juices with rapid absorption. Crile came to the conclusion that fear or psychic shock was a great factor of danger in the highly strung subjects of exophthalmic goiter, and to avoid this he adopted the plan of "stealing" the goiter. The patient was kept quietly in the hospital and was daily given inhalations of aromatics dropped on an ordinary ether mask held over the face. Sometimes a little ether was used. Then one day nitrous oxide gas and ether was administered and only when anesthesia was complete was the patient removed to the operating room and the goiter removed. The avoidance of fright seemed to give an improvement. We do know that the slightest trauma in this class of patients aggravates the lesion.

The technique is the same as for any type of goiter and may be divided into three groups: (1) Excision; (2) intraglandular enucleation; (3) incision and evacuation.

After-treatment.—This is important and we have followed Ochsner's rules for goiter patients with good results, which are as follows:

1. You should avoid all excitement or irritation, like attending receptions, shopping, church work and politics.

2. You should get an abundance of rest by going to bed early and taking a nap after luncheon.

3. You should have an abundance of fresh air at night, consequently you should sleep with wide open windows or on a sleeping porch.

4. You should eat and drink nothing that irritates the nervous system,

like tea, coffee or alcohol. Of course you should not use tobacco in any form.

5. You should eat very little meat. If you are very fond of meat, take a little beef, mutton or breast of chicken or fresh fish once or twice a week—at most three times a week.

6. You should drink a great deal of milk or eat things that are prepared with milk, such as milk soup, milk toast, etc. Cream and buttermilk are also especially good for you.

7. You should avoid beef soup or beef tea or any kind of meat broths.

8. You should eat an abundance of cooked fruits and cooked vegetables of very ripe raw fruits or drink fruit juice prepared out of ripe fruit.

9. You may eat eggs, bread, butter, toast, rice, cereals.

10. You should drink an abundance of good drinking water, or if this is not obtainable you should boil your drinking water for twenty minutes or drink distilled water.

Patients must follow instructions as to after-care if they wish to obtain results.

PULSATILLA.

H. A. Shafor, M.D., Detroit, Mich.

In these days when so many are doubting the efficiency of drugs in general, and so little is known of specific medicines in particular, it seems to me that we should never let an opportunity go by in which we could bring the attention of a few to some staunch and reliable remedy. Hence this brief paper on pulsatilla.

This I find to be one of the most active medicines in my dispensary and one that has a wide range of usefulness. Quoting from Ellingwood's "Materia Medica and Therapeutics," he tells us, "It is also known as pasque-flower, meadow-anemone and wind-flower; that it grows in England, Southern Europe and Siberia, and the parts used are the herbs and roots, which must be collected immediately after flowering and used while fresh." Thus we see it is essential that the stock be properly handled in order to give us a reliable medicine. The preparations are "Fluid Extract," "Extract," and "Specific Medicine Pulsatilla." All references in this article apply to the latter.

Again quoting Ellingwood, we are told: "The agent has a direct influence upon the brain and spinal cord. In toxic doses it produces mental hebetude, dilated pupils, coma and, in extreme cases, convulsions. It lessens general sensibility.

"It paralyzes to a mild degree both sensation and motion. It increases, in proper doses, the cerebral functions and imparts tone to the sympathetic system."

"In toxic doses it is a heart depressant; it lowers arterial tension, reduces the pulse rate and temperature.

"It exercises an influence upon the heart similar to that of cactus, increasing its power, improving the strength and rate of the pulse and slowing the rapid and feeble pulse of nervous prostration.

"The influence of full doses of pulsatilla, taken into the stomach and intestinal canal, is that of an irritant. In the mouth it acts like aconite or xanthoxylum, producing tingling, burning and subsequent numbness. It produces a sensation of rawness, and is followed by acid eructations and unpleasant taste. It produces tightness and constriction of the chest, with congestion, chilliness and general weakness. The agent is seldom given in sufficient doses to produce the physiological effects. It operates much more satisfactorily in doses too small to produce such action. It has long been popular with the Homeopathists in minute doses."

Taking into consideration the fact of its direct influence upon the brain and spinal cord we can understand why it is the remedy for the so-called nervous patient. The disposition and mental state are guiding symptoms to pulsatilla. It seems to be more frequently indicated in females than in males, and those of blonde rather than brunette type. The pulsatilla patient is inclined to be of mild, yielding disposition, sad, easily provoked to tears.

The symptoms of this patient are without number, and some of them will continue to give you symptoms as long as you will sit still and listen to them. They are changeable and contradictory, feel better when outside and will seek the open air. The symptoms are continually changing—the patient is peevish and chilly, is timid and seeks sympathy and cries when she gets it. They lose courage easily, usually are disinterested in the opposite sex, and are inclined to religious melancholy. If they have headaches they may be of the wandering variety, extending to the face and teeth. They are dizzy and feel better in cool atmosphere. They may have pains in the frontal region just over the eyes, which are worse towards evening and when warmer. The remedy is also indicated by a bursting unilateral headache, with nausea and vomiting pain from an overloaded stomach. In this condition it should be given in combination with nux vomica. A right-sided neuralgic pain in temporal region with increased lachrymation on the same side calls for this remedy.

The pulsatilla patient is inclined to have some difficulties with the ears, such as difficult hearing, earache (worse at night), external ear red and swollen. There is a catarrhal otitis, or a bland discharge with offensive odor. In acute coryza, with sense of pressure and pain at root of nose, with obstruction of right nostril, loss of smell, with profuse yellow mucus, pulsatilla is the remedy par excellence.

In stomach disorders of a nervous origin we find the remedy frequently and positively indicated. In the patient who dislikes fat food, warm food and drink. There are eructations, with the taste of food, that lingers a long time, especially after ices, fruits or pastry. There is a dislike for butter, and heartburn with sense of distention—must loosen the clothing to be comfortable. There is dry mouth without thirst, pain in the stomach an hour after eating, with heavy gnawing feeling and sense of weight, sug-

gestive of ulcer, a sense of weakness and pulsation in pit of stomach. In this event combine pulsatilla with Lloyd's Colorless Hydrastis. If the abdomen is painful and distended, with loud rumbling, or there is chilliness and colic, the remedy is indicated.

In pelvic disorders of the female we find this a most important remedy. The amenorrhea and tardy or suppressed menses from cold, wet or nervousness. When the flow is scanty, thick, dark or clotted, or if it is changeable or intermittent in character. When there is leucorrhea, with an excoriating creamy discharge with pain in the back and tired feeling. When there is congestion or swelling of one or both ovaries in the female this remedy combined with specific salix nigra will give most gratifying results.

It is also indicated in orchitis of the male, with pain extending from the abdomen to the testicle. When there is a thick yellowish discharge from the urethra in the last stage of gonorrhea, or with stricture where urine passes very slowly with interruptions; also in acute prostatitis.

In certain respiratory conditions we again find pulsatilla strongly indicated. If there is a hoarseness that comes and goes, or a cough at night that necessitates the patient's sitting up in bed, and a loose cough in the morning with free expectoration. A sense of weight and soreness about the chest, short breath, anxiety and palpitation when lying upon the left side.

The pulsatilla patient is also inclined to be sleepless, especially the first part of the night, awakens languid and unrefreshed in the morning, and has almost an irresistible desire to sleep in the afternoon and especially shortly after eating.

I trust that this reference to one of our most positive remedies may at least bring forth a desire and an attempt to become better acquainted with its many virtues.

HOW TO PREVENT BIRTH CONTROL.

Stanley Tommasello, M.D., Greenwich, Conn.

Grow and multiply were the axiomatical words of our Redeemer nearly twenty centuries ago. But in what era and time were we living under then? The world had a small population, money was almost unknown, farmers exchanged their products with artisans and professional men, tribes loved each other like brothers and sisters. Anybody could choose a piece of land for cultivation. In proportion to the arms in the family the ground was taken. Every one in a family had his job, from a boy six years old attending the herd to the very old woman mending old stockings and making new ones. Families were living in stacks of straw and never complained of ill health.

The day was calculated from sunrise and sunset and night by moon or by constellation.

At every season they had plenty of provisions, composed of wine, meat, potatoes, dried fruits, smoked pork, etc. The provisions were to

be enough until the next season of ripeness. In the summer people were living with fresh fruits and vegetables. Each family was happy when a new baby was coming, and that was called God's blessing. Should we not envy that patriarchal time?

Everybody slept, ate and digested well. Why? The answer is unnecessary. The human race was strong, healthy and full of joy. Why? Because from the start the new life had peaceful parents, and after birth the child had mother's milk, which was the healthiest food. The ambient where the child was living and brought up was plain and sinless, and the atmosphere was a sacred one.

What kind of life are we living now? We are living a so-called crazed life, which shortens our existence and makes our planet the hell of Dante, as we are fighting each other and always poisoned with jealousy, perversity and hypocrisy. Should we return to the old, sweet time? I think it would be the salvation of the world. Am I wrong? This we will see. People nowadays are known to each other commercially, culturally and by other ways. Their distances are shortened by railroad on land and by steamship on sea. Their thoughts are communicated in a few minutes by wireless and all seems to be great. Each race is trying to develop all its energies to compete with the others, and every one works hard to find new ways and means to enlighten the world with new discoveries to make easier our living life.

To the cheap oil for the light we have gas and electricity; to the cheap way of cooking with wood we use mineral coal, gas or electricity; to the stack of straw we are using expensive appartments; to the domestic goods for apparel we are using high tailor-made gowns and suits; to our frugal and nourishing meal we use expensive food products, kept in storage for years, without nourishing properties; to the plain and quiet life we are full with dances, banquets, theater, orgies and parties. What can we expect from so high and a so-called civilized life?

Only illness, lassitude and pauperism. In fact, we have a high percentage of males suffering from syphilis, gonorrheal infections, general exhaustion, chronic gastro-enteritis, intestinal atony, tuberculosis and many other ailments produced fro moverwork in unhygienic factories.

The same things we shall admit about females, and the last complication will come with the genital organs when they start the married life.

Before matrimony the couple work hard to save money for the coming domestic expenses, and in the first period of the married life everything goes smoothly. This state of sweet life will last until the first baby appears in the family, and then the storm starts.

The life will take the worst turn when two or three more babies make their entrance into the family, and then existence will be a chaos. The poor mother hardly can attend the home affairs, and this when she, the husband and the children are in a healthy condition; but if the husband falls sick then the home peace is ended. Average

families of the poorer classes are depending completely on the men's labor for income, and when this source stops the situation becomes dark, horrible! Does the community do anything to rescue the unfortunates from their fatal position? No—not from what I know.

The municipalities, states and federal government should do something to alleviate the precarious condition of that poorer class of citizens. I think so, and that would help immensely to stop the race suicide. What are we witnessing at present? The communities of the world see the poor facing starvation, ill health, living in unhygienic homes and poorly clad and never extend a hand of brotherhood. When the parents see the squalor in their house, to provide food for their children they do their best to find employment, and when this can not be found they knock at the door of charity organizations, and when even those doors refuse their help then the father becomes a burglar and the mother a prostitute.

When the parents have fallen to such a horrid life nobody can stop them from continuing such a career, and their children will become educated on the same basis.

Who should be blamed for such a monstrosity? I let you answer the question yourselves.

Now, considering the pauperism, the vice, the drug addiction, the alcoholism, the malformed, the feeble minded and the war crippled, we will see a certain fall in the future generations. What are we doing? Nothing! Nobody is co-operating to share and find a way of compatibility between capital and labor in a brotherly manner and either one is trying to kill the other, like Cain and Abel. If labor wins, capital, by other means, takes back what labor has won, increasing the first necessities of life. Why?

Because the Sherman law can not be applied against the trusts as was thought, and the poor citizens and the fortune of our beloved country are coerced. Nobody can pretend that a single man can bring up, with good educations, six or seven children on his income, even when he can make $25 a week on an average. Shoes, clothes, house rent, food, gas, coal, etc., are all very expensive. In that way are we depressing vitality and the honor of our homes? Yes.

Then, call we a necessity the birth control for misfortunates to have less children, healthier and better future race? Yes.

Have we before us some way to solve this hard and vital problem not advocating birth control? Yes; and here I submit it.

We have plenty and large schools in our country, and with a small appropriation from states and municipalities we could install in these schools sleeping rooms, labor rooms and kitchens and refectories, offering chances to the poor to become honest citizens, good artists, proud soldiers and independent persons, and from them to have a sane, healthy race growing.

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THE NATIONAL MEETING.

The meeting of the National this year is one of the most important meetings that we have held, because of the fact that the degree of enthusiasm shown, indicated by the size of our meeting, will demonstrate to all who have been active in the work of promoting the interests of Eclecticism whether we shall go on to more glorious deeds or whether Eclectics wish to cease to exist as a school of medicine and allow their principles to die.

The meeting this year is really an epoch in the Eclectic system of medicine; for as every action must necessarily be followed by a reaction, we should this year—if we are in a natural and healthy state—have a reaction.

We have been marking time, as it were, for the last two years, owing to the war, but now the world in all lines of endeavor is talking New Era, Reconstruction and democracy for all peoples, and what more natural than that we, the only American system of medicine, should be in the foremost ranks in taking part in the reconstruction and the reformation of the truth in medicine and liberate those whose minds are shackled by dogmatism, so that they may be led to see where they have made a mistake in condemning that which they know nothing about?

To do this thing we must be broad minded ourselves, for unless we do we will be like the proverbial blind man trying to lead the blind. I sometimes feel that we ourselves are too narrow and exclusive to do any missionary work for our school, for instead of attracting those whom we would like to have with us, we repel them by our eccentric ideas and narrow beliefs. Then, too, we are narrow in other ways. For instance, we live in a scope of territory bounded by our wives, our children, and sometimes, if we are especially liberal minded, we will take in our mother-in-law and her children. Or we are bounded by the township line or a radius of forty miles, and are afraid to go beyond the bounds of this circle or square for fear we will be

ostracized professionally, or else we have made so much money and have become so independent that we feel that we do not need the help of an organization or do not feel any duty incumbent upon us to help humanity, outside of our little sphere.

Now, my dear brothers, I have stated it rather harshly, but it is necessary to apply a fly-blister once in a while to get the desired results; so I feel that the time is now here, and the condition of the patient so critical, that heroic treatment is needed.

You will no doubt find the program for our meeting, to be held in Chicago, in this issue of the QUARTERLY. You realize now that you will derive great benefit by attending the meeting and learning about the advancement being made in our school in the treatment of disease. You know that you need brushing up, and you couldn't find a better postgraduate course anywhere than here, when the best minds of our school will be at Chicago to give you generously from the storehouse of their learning the knowledge they have gained from many years' experience and study. From this standpoint alone you will be well repaid for the expense of a trip to the meeting.

Then, too, as I stated before, now is the time if we ever will, when we must show our loyalty to our school. It has come to the point where you must either take a stand with us or go over to the Allopaths. Allow me to say right here that any Eclectic with backbone can dominate the local regular society by refusing to join the county society unless he be allowed to remain a member of his Eclectic organizations. I know instance after instance where such is the case, and no Eclectic should join a regular society under any other agreement, unless he subscribes to Kaiserism and Autocracy. I do not think any one regrets the loss of any member of the Eclectic school that would join the Autocratic Medical Association (A. M. A.) if he be required to forswear his allegiance to the faith of his fathers or surrenders his liberty as a free moral agent, to think as he conscientiously believes along the lines of benefiting humanity.

When we remember the high mortality in pneumonia and influenza that has occurred as the result of mis-treatment, and will meekly submit our name and influence to such treatment and subscribe to these acts as being proper, never raising our voice against that method of carrying on, why be surprised when a certain Eclectic, who had joined an Allopathic society in a certain city, had the audacity to tell the society that he had only lost two cases out of 280 cases of influenza he had treated with Eclectic remedies. I say, why be surprised when they laughed him to scorn for having the audacity to make such a statement before such an august body. So I say that as long as this state of affairs exists it will be necessary for us to continue to carry on until liberty and liberality in medicine are synonymous and we will be able to spread the gospel of good tidings to the uttermost parts of the earth without being sneered at and ridiculed.

Understand me, I am not opposed to you joining your local medical society, but what I am opposed to is to at the same time drop your Eclectic membership, upon which you have been dependent for your therapeutic

knowledge and to which you owe much of your success. Whenever you agree to forswear your allegiance to your Eclectic organizations, at the behest of the regular society, you by that act acknowledge to your competitors that your organization is irregular and your school of medicine a farce, whereas if you stood on the principle that your school is necessary to the welfare of humanity and that you have a right to liberty of belief as well as your neighbor and will not join unless you are allowed this privilege, your competitors will admire you the more and will accept your council and treat you as a real brother.

The time has now come when we must know who are for us or who are against us. As I said before, we should accord the same privilege to all schools of medicine as we desire them to accord to us and accept for membership all who wish to join and learn the many valuable lessons that we may give them, and they give us.

We urge all who possibly can to attend our meeting this month, and if you can not possibly be there send in your dues to your state secretary that you may remain identified with us. HELBING.

ECLECTIC MEDICAL SOCIETY OF MISSOURI.

The Eclectic Medical Society of Missouri held one of the most interesting meetings in its history, it being our golden jubilee. We have become revivified and have gained such an impetus at this meeting that we propose to go on for fifty more years and then some. The meeting was held in St. Louis May 6-8. Many interesting paper were discussed. Prof. Lloyd and Prof. Ellingwood were present and their talks were listened to with great interest and pleasure.

A banquet was held the evening of May 7 at the Marquette Hotel at which nearly 100 guests were assembled and an enjoyable evening was had.

We have about $400 in the treasury and a new set of officers that will equal those of the past year, so that our future is bright. The following officers were elected for the ensuing year:

President—W. E. Aubuchon, Franclay, Mo.
First Vice President—D. E. Pruett, St. Louis, Mo.
Second Vice President—T. L. Glover, Eugene, Mo.
Third Vice President—G. D. Harris, Jamesport, Mo.
Recording Secretary—B. J. Wiesner, St. Louis, Mo.
Corresponding Secretary—J. S. Rinehart, Lexington, Mo.
Treasurer—A. W. Davidson, Poplar Bluff, Mo.
Delegate to National—J. E. Callaway, and G. D. Harris, alternate.
Next meeting—St. Louis, Mo., May, 1920. WEISNER.

THE NATIONAL MEETING.

The forthcoming meeting of the National Association will be held at the Auditorium Hotel, Chicago, Ill., June 17-20. Several years have passed

since the National last met in Chicago, in fact not since 1909, and that was an epoch making year for the society, as it was then it was reorganized. Since that time it has grown materially and enjoyed a wider and larger membership than ever in its history. We trust that the present meeting will mark a step forward in organization and real work.

Medical teaching has materially changed since the writer was awarded his diploma; and medicine today is far from what it was in 1882 and 1883. We are not willing to admit that it has always been in advance and neither is it an unmitigated evil. It has seemed to me that the greatest advances have been in sanitation and preventive medicine. Therapeutics is a turmoil and Class A- plus colleges have ceased to teach it, so I am informed. It is certainly in this line that the laity are most interested. The question with the sufferer is not what "bug" is causing his ailment, but can I be helped? "Can I be cured?"

Pathology, diagnostics and surgery have certainly advanced materially. Unfortunately not so therapeutics, hence our ground that medicine is not an exact science.

It is the purpose now to make the present National meeting largely a therapeutic meeting. To all interested in internal medicine it will open a wide field. Where thousands agree upon the action of a remedy; where observations and results confirm one another year after year, there must be some truth. In fact, it is the reiterated truth that makes a fact. We sincerely hope and trust there may be a large attendance at Chicago. Chicago is easy of access from every section of the country and is a great convention city. MUNDY.

"THE NEEDS OF MEDICAL EDUCATION AS REVEALED BY THE WAR."

The above is the title of an article, editorial and letter appearing in the *Journal of the American Medical Association* for April, 12, 1919. We have read all with interest and have wondered whether the shortcomings of the Medical Corps of the army was due to the volunteer officer or to the red tape of the service.

We can not bring ourselves to the thought that the medical profession of the country is not as well equipped mentally and professionally as those belonging to the regular service.

The advance in medical education and the requirements of state boards have certainly eliminated from the profession much of the undesirable. We do know that the Medical Reserve Corps was composed of many of the most capable, energetic and successful men in the profession, largely the product of medical education of the present day.

The laity and a considerable part of the profession are not fully satisfied with the showing made by the profession during the prevalence of influenza and pneumonia in our camps. It seems as great a misfortune as was typhoid fever in the camps during the Spanish-American War. We have

felt that if the civilian physician, or rather men of the Reserve Corps, had been privileged to act upon their own initiative rather than be held by the red tape of officialdom the results might have been different. We have been repeatedly informed by those returning from service that they were not permitted to exercise their own judgment, but were held in check by "orders." The department had no use whatever for the personal equation nor exercise of judgment, they were simply automatons. Army rules and regulations must be obeyed, no matter what the consequences might be.

The article also states that many men classed in the specialties or as specialists were rejected as unfit. No doubt there is much truth in the statement, yet we know of men selected for special courses in surgery, such as plastic surgery, as well as surgeons selected for neurology, who never do nor have done any work in surgery. In other words, men have been detailed for work for which they never made any pretense of being able to do. Surely these men were not to blame. We do not feel that the shortcomings of the Medical Service of the army should be placed upon the shoulders of the men who so willingly and unselfishly sacrificed all for us and "our boys," but rather that much of it, in fact, the larger part of it, is due to the "system," the red tape, and possibly to the politics of the service. Politics is freely charged to exist in the line; possibly there may be some in the medical service also. We do know we hear much fault-finding and insinuations. We feel that the medical profession has done its duty nobly and our younger men who so unselfishly gave their all should be commended for their true patriotism, rather than condemned for the shortcomings due to those in authority. MUNDY.

MEDICAL LEGISLATION.

The various state legislatures have held their winter sessions, and, as usual, there was the annual grist of amendments to existing medical laws as well as new legislation introduced.

We do not know what the results have been in the several states, but in own own (Ohio) an innovation has been made which we personally feel will ultimately have far-reaching results. True, the amendment has a proviso attached to it, but we feel it is but the opening wedge.

In Ohio Osteopaths have secured an amendment to the "Practice Act" which permits them to practice surgery after taking an examination. Nurses are permitted to administer an anesthetic in the presence of or under the supervision of a licensed physician. The health laws have been amended so as to provide for full time health officers in the various counties of the state as well as making provision for the employment of health nurses. Health insurance also came up for consideration, but has not as yet assumed a tangible form.

Having witnessed the entire routine, from no requirements for practice to the present state, it appears to me, and has always thus appeared, that the only people regulated by the medical practice acts are the reputable

physicians, those who naturally have a desire to be law abiding and who would naturally desire to perfect or acquaint themselves with the best the profession affords. Since the enactment of laws regulating medicine the number of "cults" have steadily increased, in fact, almost in geometrical progression. They have forced legislation permitting or recognizing their limited practice, and so far as the laity is concerned they scarcely recognize the difference between the licensed physician and the limited practitioner.

In Vermont, under a law recently enacted, a physican must have two college years of preliminary education before admission to practice medicine and surgery, and in the future one year's interneship in a hospital approved by the board. The Osteopath must have four years of nine months each, the Chiropractic a high school education or its equivalent and three years' resident studentship of a reputable college.

Why this difference between those dealing with human life and the welfare of our physical and social fabric I can not conceive. The entering wedge has been driven and it is only a question of time until the entire structure which it has taken so much labor and time to build will be entirely destroyed. MUNDY.

NEWS AND NOTES.

Arizona.

Geo. T. Fuller, Jr., has located at Phoenix.

Dr. R. A. Aiton has removed from Buckeye to 31 N. Second Avenue, Phoenix.

Arkansas.

W. H. Moreland has removed to Tyronza.

Allen C. Pritchard has been discharged from the service and has reopened an office at 225 Thompson Bldg., Hot Springs.

California.

Dr. G. B. and Hester L. Abbot have removed their office to Suite 220 in the Union Oil Bldg., Los Angeles.

J. C. Stout has removed from 1152 E. 14th Street to 128 13th Street, Oakland.

Dr. S. M. Atkins has been released from the Medical Reserve Corps and has located at Hollywood.

Dr. H. V. Brown has changed his address from the Hollingsworth Bldg. to the Baker-Detwiler Bldg., Los Angeles.

Georgia.

Dr. Giles Hathcock, of Lula, and John L. Walker, of Waycross, have been reappointed members of the State Board of Medical Examiners for a term of six years.

The annual meeting of the Georgia State Society was well attended and enthusiastic. The officers elected for the following year are:

President—Dr. R. M. Moore.

First Vice President—Samuel Green.
Second Vice President—O. B. Walker.
Treasurer—W. R. Durham.
Secretary—Dan H. Griffith.

Idaho.

Dr. J. J. Herrington has moved from Moscow to Hussar, Alberta.

Indiana.

Dr. H. V. Blosser was discharged from the Medical Corps of the army and is located at his old address, 309 W. Main Street, Ft. Wayne.

Dr. J. L. Odell has removed from Browns Valley and is now located at 217 S. Main St., Pratt, Kan.

Iowa.

Dr. James Miller has removed from Danville to Donnellson.

Missouri.

Dr. L. S. M. Conley has removed from 2560 Woodward Avenue to 2538 Third Street, Detroit.

Michigan.

Dr. Geo. H. Shirley has removed from Bagnell to 137 N. Main Street, Wichita, Kan.

George W. Westbrook has removed from 5581 Easton Avenue to 5750 Easton Avenue, St. Louis.

The fiftieth annual meeting of the Eclectic Medical Society of Missouri was held at the Marquette Hotel, St. Louis, Mo., May 6-8, 1919. The convention was called to order at 10:45 a. m. by President J. E. Callaway, M.D.

The meeting this year was of more than usual interest for several reasons: First, it was our Golden Jubilee; second, it was presided over by the same president that presided over the first meeting of our society in May, 1869, and, third, this was one of the best meetings we ever had.

Dr. Callaway, who is now 83 years old, is the only living charter member of a group of thirteen physicians that originally constituted our membership. It was he who sent out the first call to the Eclectics of Missouri to meet in his city (Chillicothe) to organize a state society in May, 1869. In spite of the doctor's advanced age, he is in good health, and it was largely due to his energy, earnestness and untiring efforts that he secured the large and successful meeting that has just passed into history.

An attractive program had been arranged for the occasion, which, among other features, contained the names of Prof. John Uri Lloyd and Dr. Finley Ellingwood, each of whom delivered an address the afternoon of the second day of the convention.

On Wednesday evening a banquet was given to all the visiting members and guests.

Our secretary reported four of our members who had answered their country's call to the colors and had entered the Medical Corps of the U. S. Army, viz., Dr. W. W. Martin, of Kirksville, Dr. F. Hurwitt and Dr. J. H. Rabin, of Kansas City, and Dr. B. J. Wiesner, of St. Louis. We regret to

have to state that one of that number, Dr. W. W. Martin, lost his life in the service. He died in France December 4, 1918.

The following officers were elected for the ensuing year:

President—Dr. W. E. Aubuchon, Franclay.
First Vice President—Dr. D. S. Pruett, St. Louis.
Second Vice President—Dr. T. L. Glover, Eugene.
Third Vice President—G. D. Harris, Jamesport.
Recording Secretary—Dr. B. J. Wiesner, St. Louis.
Corresponding Secretary—Dr. J. S. Rinehart, Lexington.
Treasurer—A. W. Davidson, Poplar Bluff.

Dr. J. E. Callaway, of Chillicothe, was elected as the delegate to the National.

Dr. G. D. Harris, of Jamesport, was elected as alternate delegate to the National.

St. Louis was selected as the next place of meeting.

B. J. W.

New York.

L. W. Salter has removed from 1643 Hatch Avenue, Zone Park, L. I., to 376 Halsey Street, Brooklyn.

W. C. Dallenbaugh has removed to 2834 Delaware Street, Buffalo.

According to an announcement made by Senator Davenport the Davenport-Donahue bill, which provides for compulsory health insurance, has been amended to meet some of the objections made by physicians. Chief among the amendments is a provision by which physicians will not be on a salary, but will be paid according to services rendered under the schedule of fees to be approved by the state industrial commission and which may vary according to local conditions. Provision is made for hearings on the schedules so that they may be revised from time to time. Provision is also made for the free choice of a physician by the patient, thus eliminating the panel originally provided for. Perhaps the most important change in the bill is that which provides that the head of the proposed bureau of health insurance shall be a physician. It is estimated that the cost of this insurance will be twenty-four cents a week each to employer and employee. At the public hearing, March 19, opponents of the bill stated that according to their estimate it would cost $5,000,000 a year to administer the bill, instead of $3,500,000 as the sponsors of the bill claim. Among the opponents of the bill appearing at the hearing were merchants, manufacturers, physicians and fraternal orders. The spokesmen for the bill were the labor unions and women's organizations.

The Red Cross Institutes for Crippled and Disabled Men held a conference which was international in scope at the Waldorf March 18-21, at which there were representatives from France, England, Belgium and Italy and thirty delegates from Canada. The American agencies which were represented included men and women from the office of the Surgeon-General, the army, the Federal Board for Vocational Education and the Bureau

of War Risk Insurance. A closing mass meeting was held on Sunday afternoon at the Hippodrome at which Charles E. Hughes presided. Dr. Maurice Bourillon, president of the permanent interallied committee on war cripples and director of the French national institute for crippled soldiers, described the beginning of the making over of 694,000 Frenchmen incapacitated by war diseases or wounds. It was stated at the meeting that of the men returning from overseas at least 100,000 are not unscathed, being crippled, blinded or gassed, and will need the grateful help of America before they can take the place they have earned in life. Dr. C. A. Prosser, director of the Federal Board of Vocational Re-education, estimates that the number who will require vocational re-education will reach 20,000.

The fifty-ninth annual meeting of the Eclectic Medical Society of the State of New York was held at the Albany County Court House, Albany, N. Y., on Wednesday and Thursday, April 23 and 24, 1919. The meeting was a success in many ways. About 100 members paid their State and National dues at the meeting. The report of the officers showed the society in a good financial condition, with a very handsome balance in the bank. The banquet of the society was held at Keeler's State Street restaurant and was voted such a success that the members demanded that next year a similar one be held at the same place.

The following officers were elected:

President—C. E. Baker, of Marietta, N. Y.

First Vice President—L. B. Dawley, of Westown, N. Y.

Second Vice President—L. B. Gardner, of Geneva, N. Y.

Third Vice President—A. B. Wolf, of Queens, N. Y.

Secretary and State Organizer—T. D. Adlerman, of Brooklyn, N. Y.

Treasurer—H. Stoesser, of Union Course, N. Y.

Chairman of Board of Censors—M. W. Dawley, of Richfield Springs, N. Y.

Censors—Dr. A. F. W. Rivett, of Green Island; Dr. H. S. Blackfan, of Cambridge; Dr. W. S. Dart, of Hobart, N. Y.; A. B. Wolf, of Queens, N. Y.

Next meeting—Last Wednesday and Thursday in April, 1921, at Albany, N. Y.

Ohio.

The Christian Scientists' bill failed of passage in the Ohio Legislature.

Dr. Lawrence D. Miller has received an honorable discharge from the service and is located at 622 Summit Street, Toledo.

Dr. J. D. Siddall has also received his discharge and will probably locate at Columbus Grove.

Dr. Albert Schwartz has opened an office at 1638 Vine Street, Cincinnati.

L. W. Harvey has removed from Wren, O., to Transfer, Pa.

Lee L. McHenry has been discharged from the army and resumed his practice at Cheviot.

Representative Hughes has introduced a bill into the legislature to replace the local health administrative system of the state. Under the provi-

sions of the bill each city of more than 25,000 inhabitants and each county is organized into a health district under a whole-time health officer. This will provide, for all sections of the state, public health directors equal to those now furnished in the largest cities. The bill has the backing of the State Federation of Labor, the State Grange, the Ohio Manufacturers' Association and other organizations, the Governor and Health and Old Age Insurance Commissions and the State Department of Health.

Dr. W. E. Postle's new address is 248 S. 17th Street, Columbus.

Dr. Fred O. Williams has been discharged from the navy and resumed his practice in Columbus.

Dr. Grant S. Van Horn of Batavia has been appointed county physician for Clermont County.

The regular quarterly meeting of the Ohio State Medical Board was held in Columbus March 31 and April 1 with all the members present, as Capt. B. R. McClellan, of Xenia, president of the board, has returned from army service.

The next regular examination of the board will be held June 3, 4, 5 and 6 at Columbus, Ohio.

The following applications for reciprocity were granted, based upon previous State Board examination:

W. C. Autenreith, Univ. Pa. 1910, Pa. 1910; intended residence, Youngstown.

C. S. Capelle, Boston Univ. 1897, N. Y. 1909, Akron, O.
Irene P. Chandler, Woman's Col. Pa. 1913, Pa. 1913, Youngstown, O.
H. A. Delcher, Univ. Md. 1907, Md. 1907, Toledo, O.
M. W. Deithelm, St. Louis Univ. 1918, Mo. 1918, Toledo, O.
Allen J. Fox, Ecl. Med. College 1917, Ky. 1917, Cincinnati, O.
U. J. Gregg, Meharry 1905, Ala. 1905, Cleveland, O.
G. S. Hackett, Jr., Cornell 1916, N. Y. 1917, Canton, O.
R. W. Harris, N. Y. Hom. 1912, Maine 1915, Newark, O.
M. W. King, Johns Hopkins 1917, Md. 1918, Cleveland, O.
C. Koenig, Long Isl. Hosp. 1914, N. Y. 1914, Cleveland, O.
L. A. Eustin, Univ. Mich. 1917, Mich. 1917, Cleveland, O.
W. F. Lyon, Rush 1917, Ills. 1917, Akron, O.
G. E. Macklem, Univ. Louisville 1908, N. Y. 1909, Dayton, O.
E. Rapporte, Columbia Univ. 1917, N. Y. 1917, Canton, O.
D. I. Roush, Hahnemann, Chicago, 1915, Ills. 1915, Kas. 1916.
H. H. Shiras, Univ. M. C. Kas. City, Mo. 1912, Mo. 1912, Cleveland, O.
R. L. Vioran, Jenner 1910, Ills. 1910, Akron, O.
C. L. Wakeman, N. Y. Ecl. Med. Col. 1896, N. Y. 1896, Steubenville, O.
Ben H. Moffatt, Med. Col. Va. 1915, W. Va. 1915.
John L. Stifel, Johns Hopkins, 1917, Md. 1917.
By previous diploma registration:
S. C. Beach, Rush 1892, Ills. 1892, Dayton, O.
John L. Pepper, Bowdoin M. C. 1894, Maine 1895, Toledo, O.

Elmer P. Zeumer, Ecl. Med. Col. 1899, Ind. 1899, Ills. 1900, Cincinnati, Ohio.

Several certificates were granted to various non-medical healers, under the five-year waiver clause, and several other hearings were postponed until July.

Several physicians were cited to appear before the board in July who have been convicted of illegal use of narcotics.

Z. W. Wise, Chiropractor, of Lima, had his certificate revoked for illegal advertising.

Revocation proceedings will be made against two additional advertisers in Youngstown.

THE COLLEGE—JOINT SOCIETY MEETINGS.—On account of the recent war conditions and the influenza epidemic there was no special clinical course this year, but instead there was a joint meeting of the Ohio, Indiana, Kentucky and West Virginia State Medical Societies at Cincinnati May 19, 20 and 21. These sessions convened Monday, May 19, at 2 p. m., at the Grand Hotel, Fourth and Central Avenue, for afternoon and evening work. Special rates were secured, ranging from $1.25 to $3 per day on the European plan. Tuesday morning, 8 to 10 a. m., clinics and surgical operations in the College operating room; 10 to 12 a. m., section work at the Grand Hotel. Tuesday at 2 p. m. the members of the four societies met with the Alumnal Association at the College. Dr. Wilbur E. Postle, Columbus, Ohio, is president of the association this year. At the close of this meeting the Indiana and Kentucky Societies held separate business sessions and the election of their officers. A reorganization of the West Virginia Society was held at the same time. In the evening the seventy-fourth annual commencement exercises of the College were held at Memorial Hall, Elm and Grant Streets, at 8 p. m. We expect a very large attendance this year. The following is the program:

1. Music—March, "Liberty for All"—L. Francis
2. Invocation—Rev. S. Clark Riker
3. Music—"Going Up"—Hirsch
4. Dean's Report—Rolla L. Thomas, M.D.
5. Music—Waltz, "The Kiss Burglar"—Hubbell
6. Conferring Degrees—Hon. Aaron McNeill, Pres. Board of Trustees
7. Music—Cornet Solo, selected—Mr. Herbert Tiemeyer
8. Address—Charles Frederick Goss, D.D.
9. Music—Selection, "Fiddlers Three"—Johnstone
10. Benediction—Rev. S. Clark Riker
11. Music—March, "The Stars and Stripes Forever"—Sousa

HOFER'S ORCHESTRA

The following is a list of the senior class:

Rocco M. Antonelli, A.B.	Ohio	Verle Ray Kitsmiller	Ohio
Beryl Irvin Billman	Indiana	James Howe McLachlin	Nebraska
Irvin Black	Ohio	Norbert C. Moorbrink	Ohio
Perry Black	Ohio	Benjamin H. Moore	Oklahoma
James Alfred Clift	Ohio	Frank Judson Moore	West Virginia
Schofield M. Coryell	Ohio	Robert Charles Olney	Nebraska
Ernest Arthur Craig	Illinois	Chester A. Price	Illinois
Forrest V. Cress	Ohio	Fred Martin Rankin	Ohio

Cyril O. Dozer----------Ohio	Charles Stanley Runk----------Ohio
Edgar A. Elliff----------Kansas	George Frederick Seitters--------Ohio
Clarence Elmer Frey----------Nebraska	Carlisle Harrison Snell----------Ohio
Arnold W. Ganzel----------Nebraska	Margaret K. Thomas, B.A.---------Ohio
William Ervin Hoffer----------Ohio	Everett Paul Trittschuh----------Ohio
Oleen K. Ellingsen-Kitsmiller-----Iowa	Wayne Riley Waterman-------Indiana

Pennsylvania.

Dr. C. H. Kirk, of Homer City, is with the Army of Occupation, being connected with Evacuation Hospital No. 12, at Treves.

Nearly $30,000,000 have been awarded in three years under the provisions of the workmen's compensation act for the injured and families of those killed at their work. In three years 6,668,348 accidents show that labor casualties furnish a startling comparison with those on the battlefield. The fatalities for the period reached 9,143.

Utah.

In our state legislature, just closed, three bills relating to the healing art were introduced, viz., one, a straight out-and-out Chiropractic measure, proposing a separate State Board of Medical Examiners composed of Chiropractors; another bill, prepared by the State Medical Association, embodying, with very few alterations, the latest Illinois medical act; a third, one patterned after the California law, amended April, 1917, providing for licensing of drugless healers.

This bill was based upon, or framed after, a recommendation from the State Board of Medical Examiners to the Governor, to the effect that if it should be deemed wise to change the present medical laws of the state, so as to admit the various non-medicinal cults, or so-called drugless healers, to practice lawfully, the California law, just mentioned, seemed to afford the remedy.

The fate of these several bills was, in brief, that none passed; therefore state regulation of medicine in Utah remains the same as heretofore.

The new appointees to fill the present bi-ennial vacancies on the State Board of Medical Examiners are:

Dr. D. Henderson, Brigham City, four years; Dr. H. N. Mayo, Salt Lake City, four years; Dr. H. G. Merrill, Provo, six years; Dr. G. F. Harding, Salt Lake City, six years; Dr. C. L. Olsen, Salt Lake City, six years.

Texas.

At a meeting for organization of the new State Board of Medical Examiners held in Waco February 28 Dr. William C. Swain, Dallas, was elected president; Dr. E. Marvin Bailey, Houston, vice president, and Dr. Manuel F. Bettencourt, Mart, secretary.

West Virginia.

J. W. Ruckman, M.D., has moved from Risby's Rook to West Liberty.

Grady V. Morgan has removed from Fairmount to Metuchon, N. J., having accepted a position as company physician for Sarre & Briest Co.

OBITUARY.

Miss Jane A. Delano, who died April 15th at Base Hospital No. 8, at Sauvigny, France, was one of the foremost figures of the nursing world. It was under her direction that more than 30,000 nurses were recruited through the American Red Cross for service with the army and navy after the United States entered the great conflict. She was born in Watkins, N. Y., in 1862. Her father was killed in the Civil War and she was reared by her grandfather, a Baptist clergyman.

The call to relieve suffering humanity came to her while still a young girl, and after her preliminary education she began fitting herself for the career in which she was destined to attain such great prominence.

Miss Delano graduated from Bellevue Hospital, New York, in 1886, and two years later rendered her first patriotic service to her country by volunteering to nurse yellow fever victims in Jacksonville, Fla. Up to the time Miss Delano and a few other courageous trained nurses went to Jacksonville from New York the fever patients had been cared for by some negro nurses who, while willing and devoted, lacked the scientific skill necessary to combat successfully the dread malady.

Although at that time medical science had not decided that the mosquito was a yellow fever carrier Miss Delano had reached that conclusion and had insisted on the use of mosquito netting by her nurses, with the most satisfactory results.

Her work in Jacksonville finished, Miss Delano was called to Bisbee, Ariz., in 1889 to establish a hospital for one of the big copper companies. Two years later she was made superintendent of the Nurses' Training School of the University of Pennsylvania, a position she held for five years. Special courses in philanthropy and medicine further increased her knowledge and in 1900 she returned to Bellevue Hospital to direct the nurses' training school there, continuing in that capacity until 1905.

When the American Red Cross, following the reorganization in 1906, entered into an agreement with the American Nurses' Association for the purpose of developing a nursing reserve for the Army Nurses' Corps, Miss Delano was appointed chairman of the committee in charge of the work.

She was also named as superintendent of the Army Nurses' Corps by the surgeon general, in which capacity she visited the Philippine Islands, China, Japan and Hawaii. Due to her untiring effort, 8,000 carefully selected nurses were avalable for government service at the time the United States entered the war, and her leadership was largely responsible for the success of the nurses' recruiting campaign which followed.

Miss Delano served three times as president of the American Nurses' Association and also served several years as head of the directorate of the *American Journal of Nursing.*

She was a woman of striking personality and appearance. Regal in carriage, a mass of snow white hair crowning a strong but kindly face, she

was a commanding figure in any gathering. A gentle manner and sympathy that was boundless won for her a great circle of friends.

Miss Delano served the American Red Cross from first to last without compensation—a full time volunteer. She was the last of her family, her passport application, filed a few months ago, giving the name of a prominent nurse as her "nearest relative."

Arnold, Robert G., Eclectic Medical Institute, Cincinnati, 1883. At his home in Hampton, Ga., March 14; aged 56.

Ball, Emmett W., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1894. At his home in Atlanta, Ga., April 23; aged 48.

Barker, William E., American Eclectic, St. Louis, Mo., 1878. Died at his home in Chanute, Kan., March 13; aged 55.

Bennett, Herman, Eclectic Medical College, Cincinnati, 1896; member of the Ohio State and National Eclectic Medical Associations. Was killed while crossing the railroad in his machine March 3; aged 46.

Bodifield, Daniel, American Eclectic Medical College, St. Louis, 1878. Died at his home in Cleveland, O., February 5; aged 87.

Cole, Edgar, Eclectic Medical College of Pennsylvania, Philadelphia, 1872. Died at his home in Holmesville, Ohio, January 10; aged 76.

Darling, Orange C., Eclectic Medical Institute, Cincinnati, 1882. Died at Riverside, Cal., January 21; aged 62.

Finch, G. W., California Medical College, Los Angeles, 1890. Died at his home in Los Angeles, Cal., February 23; aged 64.

Foley, Matthew Joseph, Eclectic Medical College, Cincinnati, 1917. Died at Camp Meade, Md., October 10, 1918; aged 27.

Harris, James W., United States Medical College, New York City, 1882. At his home in New York City, April 13; aged 71.

Hitchcock, Giles H., of Lula, Ga., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1888. Died on a train April 1; aged 57.

Kemp, W. Sanford, Eclectic Medical Institute, Cincinnati, 1866. Died at his home in Cincinnati, O., February 21, 1919.

Kugler, James S., Eclectic Medical College of Pennsylvania, Philadelphia, 1869. Died at his home in Sharon, Pa., January 28; aged 89.

Kunze, Richard Ernest, Eclectic Medical College of the City of New York, 1868. Died at his home in Phoenix, Ariz., February 10; aged 80.

Langman, William Charles, Eclectic Medical Institute, Cincinnati, 1898. At Cleveland, Ohio, from injuries the result of being struck by an automobile April 11; aged 56.

Martin, Lt. Wilford Wayne, Kirkesville Mo. Eclectic Medical University, Kansas City, Mo. Was thrown from his horse and instantly killed December 4 while on duty with the A. E. F. at Rouen, France; aged 41.

Mandlin, Perrin O., of Decatur, Ga. Georgia College of Eclectic Medicine and Surgery, 1910. Died in Atlanta, Ga., March 17; aged 42.

POLLOCK, OSTRANDER C., Eclectic Medical Institute, Cincinnati, 1882. Died at his home in Shobonier, Ill., March 21; aged 79.

PRINCE, W. J., Eclectic Medical Institute, 1883. Died at his home in Piqua, Ohio, March 29; aged 58.

SALTER, GEORGE W., Eclectic Medical College of the City of New York, 1895. Died at his home in Brooklyn, N. Y., February 11; aged 68.

SCHUYLEMAN, GEORGE E., Lincoln Medical College, Lincoln, Neb., 1904. Died at Portland, Oregon, February 24; aged 43.

SINNING, FRANCIS H., American Eclectic Medical College, Cincinnati, 1885. Died at his home in Titusville, Pa., March 15; aged 63.

AMERICAN NURSES HONORED.

Ten American army nurses have been awarded the Medaille de' Honneur des Epidemics by the French Government, according to word that has just reached national Red Cross headquarters. The presentation ceremony took place at A. R. C. Military Hospital No. 112, Auteuil, in the presence of a distinguished gathering, twenty-three officers of the American Medical Corps and seven enlisted men of the army receiving the decoration at the same time.

The nurses honored by France were: Bessie Mae Warwick, McDonald, Pa.; Rose A. Cassidy, Brandywine Summit, Pa.; Karen M. Lauridsen, Astoria, Ore.; Agnes W. Reid, La Crosse, Wis.; Pearl Worley, East Greenville, O.; Edith L. Hadsall, New Rochelle, N. Y.; Lillian E. Radcliffe, Montreal, Can.; Esther V. Hasson, Washington, D. C.; Myrtle Brondel, address not given; Mary C. Cavin, address not given.

NISH, Serbia, April 3. (By mail).—Nineteen American women doctors are now in the Balkans assisting the American Red Cross in its work of caring for the sick and destitute. These doctors are from the American Women's Hospital at New York and are located in Serbia, Montenegro and Albania. Already their work has earned the warmest commendation of the government. Some of them have received decorations or been cited for conspicuous service among the soldiers and refugees.

In Serbia, where the most sickness and destitution exist, the following women physicians are at work: Dr. Marjorie Burnham, of Ashtabula, Ohio; Dr. Mary H. Elliott, of New York; Dr. Harriet M. Gervais, of Dorchester, Mass.; Dr. Alberta M. Greene, of Judith Bay, Mont.; Dr. Lulu Peters, of New York; Dr. Marion C. Stevens, of Reading, Mass.; Dr. Regina Flood Keyes, of Buffalo, N. Y.; Dr. Mabel Flood, of Elmira, N. Y.

Dr. Catherine M. Cook, of Washington, Pa., and Dr. Dora E. Bowman, of Kansas City, Mo., are assisting the American Red Cross doctors in Montenegro. Dr. Nell G. W. Bartram, of Huntington, Pa.; Dr. Mary J. Hyndman, of Philadelphia, and Dr. Sarah E. Foulks, of Burlington, N. J., are doing similar work in Albania.

THE PROGRAM FOR THE NATIONAL.

In a general way, the following course will be adopted: The session will open on the morning of June 17, in the Auditorium Hotel, in Chicago, which will be our headquarters. After a short preliminary introduction, Professor J. H. Beal, one of the leading pharmacists in the United States, who is especially interested in the work that our school has done, will deliver the opening oration. The topic will be "Independence in Medicine and Pharmacy." This oration will be followed by an address in response by Professor John Uri Lloyd, of Cincinnati.

On the second day, after short opening formalities and after the President's address, the Department of Medicine will be called. The chairman of this section, Professor R. L. Thomas, M.D., of Cincinnati, O., will open the session by an oration. The specific title of this we have not received, but in a general way the topic will consider Eclectic medicine and its relation to the profession at large from our present viewpoint. The other officers of this section are Professor W. P. Best, of Indianapolis, vice chairman, and H. S. Lowrance, M.D., of the Kankakee State Hospital, secretary.

After the presentation of the regular papers on this program, Professor Pollock of Chicago will conduct a symposium on the treatment of pneumonia. The gentlemen who have been asked to prepare for this symposium are Professor A. F. Stephens, of St. Louis; Dr. Holmes, of Nashville, Tenn.; Dr. J. D. McCann, of Monticello, Ind.; Professor R. L. Thomas, of Cincinnati; and Professor W. N. Mundy, of Forest, Ohio, will present "Pneumonia in Children as Treated and Cured by These Methods."

This will be followed by a symposium conducted by Professor H. W. Felter of Cincinnati on the "Successful Treatment of Influenza" and "The Errors of Common Methods." I have asked Dr. J. P. Harvill, Nashville, Tenn.; Dr. W. T. Gemmill, of Forest, Ohio, and Professor W. P. Best, of Indianapolis, to participate with him in this.

In due order the section of Materia Medica will be called, with Professor R. J. Lambert, M.D., as chairman, and Professor A. F. Stephens, M.D., as secretary. In this department there will be a symposium on some of our special remedies, and an especial presentation of Eclectic principles. There will be brought out also those remedies which are acknowledged by all of our practitioners as being curative to the highest possible degree in the treatment of pneumonia and influenza.

During the first two days of the session we have two especially attractive features promised. One is a visit to the Municipal Tuberculosis Hospital of Chicago, with a luncheon. The superintendent of the Department of Tuberculosis of Chicago, Professor N. A. Graves, M.D., will conduct a clinic in which he will develop the method of treating tuberculosis, and among the measures used the Eclectic measures which have been adopted, which have proven to be very successful.

We have also prepared for a clinic on the treatment of Infantile Paralysis and Pellagra by Dr. C. W. East, of Springfield, Ill., probably the highest

authority in the West on these subjects. This will prove exceedingly interesting.

The section of Diseases of Children, with Professor W. N. Munday as chairman, Dr. E. H. Stephenson, of Ft. Smith, Ark., as vice chairman, and B. K. Jones, M. D., of Kenton, Ohio, as secretary, is prepared with an elaborate program to develop the practical methods of our school in the treatment of diseases of children.

In the Department of Surgery, with Professor E. B. Shewman, M.D., of Cincinnati, Ohio, as chairman, Professor O. C. Welbourn, M.D., of Los Angeles, Cal., vice chairman, and Professor W. L. Schussler, M.D., of Chicago, Ill., have promised us a very interesting feature. There is an arrangement for a surgical clinic, with reference, however, more to the use of drugs and medicines in combination with surgical conditions for the cure of disease, or as specifically applicable during surgical operations than to the full consideration in every case of surgical methods.

The Department of Orificial Surgery will be conducted by Professor W. E. Kinnett, M.D., of Peoria, Ill., chairman. The secretary is Professor B. E. Dawson, of Kansas City, Mo. This entire topic may be presented in the form of a symposium.

In the Department of Ear and Eye the chairman is Dr. J. P. Harbert, of Bellefontaine, Ohio; the vice chairman, Dr. E. G. Trowbridge, of Chicago, and the secretary, Dr. C. M. Neldon, of Coshocton, Ohio.

In the Department of Diseases of Women the chairman is Dr. T. D. Hollingsworth, of Akron, Ohio; the chairman, Dr. Nannie M. Glenn, of State College, Pa., and the secretary, Dr. W. E. Daniels, of Madison, S. D. One of the special topics that will be presented in this section is "The Active Medicinal Properties of Certain of Our Remedies in Diseases of Women," which are classed as non-toxic and consequently "absolutely inactive."

In the main that is the outline of the program. It will be seen that we are developing nothing but practical topics. There will be other features introduced, which will be announced later, which will add most materially to the attractiveness of the occasion. The topics named above in their presentation and discussion will bring out exceedingly interesting considerations which will add materially to the attractiveness of the occasion.

Judging from the letters we have received, there is great confidence in the united action of Eclectic physicians, however situated and wherever located, in making this a valuable occasion. That we shall have a very large turnout goes without saying. The president has in mind the greatest session our school ever had, in which over 1,100 people had registered at the hotel, which we had chartered for our own members, and his desires are that this occasion shall equal that session in its every attractive and valuable feature.

ELLINGWOOD.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Officers.

President—Finley Ellingwood, M.D., 32 N. State Street, Chicago, Ill.

First Vice President—O. S. Coffin, M.D., 1550 E. Tenth Street, Indianapolis, Ind.

Second Vice President—J. J. Rizk, M.D., Waverly, Neb.

Third Vice President—D. H. Griffith, M.D., 701 Flat Iron Building, Atlanta, Ga.

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Corresponding Secretary—W. N. Mundy, M.D., Forest, O.

Treasurer—H. A. Shafor, M.D., 15 Lawrence Avenue, Detroit, Mich.

President's Appointments for Committees and Sections, Session of 1919.

Auditing Committee—J. D. McCann, M.D., Monticello, Ind.; W. S. Glenn, M.D., State College, Pennsylvania; A. W. Davidson, M.D., Poplar Bluff, Mo.

Committee on Propaganda and Organization—E. G. Sharp, M.D., Guthrie, Okla.; Simon L. Katzoff, M.D., Bridgeport, Conn.; W. P. Best, M.D., Indianapolis, Ind.; W. E. Kinnett, M.D., Peoria, Ill.

Committee on Arrangements and Entertainment—R. J. Lambert, M.D., St. Charles, Ill.; Charles Woodward, M.D., Chicago, Ill.; F. E. Thornton, M.D., Chicago, Ill.; W. L. Schussler, M.D., Orland, Ill.; Adam Szwajkart, M.D., 3535 Diversey Boulevard, Chicago, Ill.; W. R. Creely, M.D., Chicago, Ill.

Committee on Press and Publicity—Chairman, W. E. Kinnett, M.D., Peoria, Ill.; O. J. Brown, M.D., DeKalb, Ill.; John B. Eaton, M.D., 403 North Avenue, Chicago, Ill.; G. O. Hulick, M.D., 202 Colona Building, East St. Louis, Ill.; A. W. Lindburg, M.D., Hillsboro, Ill.

Council of Medical Education—Theo. D. Adlerman, M.D., 910 St. John's Place, Brooklyn, N. Y.; O. S. Coffin, M.D., 1550 E. Tenth Street, Indianapolis, Ind.; E. G. Sharp, M.D., Guthrie, Okla.

Legislative Committee—John K. Scudder, M.D., Cincinnati, O.; S. M. Sherman, M.D., Columbus, O.; J. Paul Harvill, M.D., Nashville, Tenn.; H. H. Blankmeyer, M.D., Aransas Pass, Tex.; B. E. Dawson, M.D., Kansas City, Mo.

Medical Colleges Committee—Chairman, John K. Scudder, M.D., Cincinnati, O.; F. L. Wilmeth, M.D., Lincoln, Neb.; B. E. Dawson, M.D., Kansas City, Mo.

Grievance Committee—W. T. Gemmill, M.D., Forest, O.; John Matthew, M.D., Blue Mound, Ill.; E. E. Bronson, M.D., Chairman, Ganges, Michigan.

Committee on Conference with Homeopaths—W. N. Mundy, M.D., Forest, O.; Lee H. Smith, M.D., Buffalo, N. Y.; W. L. Schussler, M.D.

Orland, Ill.; R. L. Thomas, M.D., Cincinnati, O.; J. K. Scudder, M.D., Cincinnati, O.; H. S. Lowrance, M.D., Chebanse, Ill.

TUESDAY JUNE 17—10:00 A. M.

Call to Order by President.....Finley Ellingwood, M.D., Chicago, Ill.
Address.....J. H. Beal
Response.....John Uri Lloyd

Business Session.

Calling roll of officers.
Calling roll of states for formation of House of Delegates.
Approval of minutes of previous meeting.
Report of Recording Secretary.
Report of Corresponding Secretary.
Report of Treasurer.
Report of Standing Committees.
Report of Special Committees.
Appointment of Committees.
Miscellaneous or new business.

TUESDAY, JUNE 17—2:00 P. M.

President's Address.....Finley Ellingwood, M.D., Chicago, Ill.

Section I—Practice of Medicine.

Chairman.....R. L. THOMAS, M.D., Cincinnati, O.
Vice Chairman....EARL KING, M.D., Saratoga Springs, N. Y.
Secretary.....H. S. LOWRANCE, M.D., Kankakee, Ill.

Treatment of Influenza.....W. E. Kinnett, M.D., Peoria, Ill.
Treatment of Typhoid Fever.....H. V. Brown, M.D., Los Angeles, Cal.
Treatment of Cholecystitis...G. M. Aylesworth, M.D., Collingwood, Ont.
Treatment of Hookworm.....D. E. Saxton, M.D., Tampa, Fla.
Treatment of Cystitis.....R. J. Lambert, M.D., St. Charles, Ill.
Treatment of Lobar Pneumonia...M. S. Canfield, M.D., Frankfort, Ind.
Treatment of Chronic Gastritis....W. W. Maple, M.D., Des Moines, Iowa
Treatment of Erysipelas.....O. C. Baird, M.D., Chanute, Kan.
Treatment of Chronic Nephritis ...J. E. Waddington, M.D., Detroit, Mich.
Treatment of Dysentery.....A. F. Stephens, M.D., St. Louis, Mo.
Common Sense in Pneumonia.....M. F. Bettencourt, M.D., Mart, Tex.
Diet in Influenza.....Byron Nellans, M.D., Cincinnati, O.
Treatment of Influenza.....Frank Seal, M.D., Brookville, Ind.
Clinical Observation of Cell Atony.....C. Woodward, M.D., Chicago, Ill.

WEDNESDAY, JUNE 18—9:00 A. M.

Business Session.

Section of Surgery.

Chairman.....E. B. SHEWMAN, M.D., Cincinnati, O.
Vice Chairman....O. C. WELBOURN, M.D., Los Angeles, Cal.
Secretary.....W. L. SCHUSSLER, M.D., Orland, Ill.

Unusual Injuries.....John R. Buckingham, M.D., Los Angeles, Cal.

Pathological X-ray Findings in Bone Surgery
T. E. Young, M.D., Glendale, Cal.
Rectal Prolapsus.....H. T. Cox, M.D., Los Angeles, Cal.
Empyema Complicating Pregnancy, O. C. Welbourn, M.D., Los Angeles, Cal.
Military Surgery.....J. S. Hagen, M.D., Cincinnati, O.
Removal of Gall-Bladder.....C. J. Hemminger, M.D., Rockwood, Pa.
Bone Surgery.....B. K. Jones, M.D., Kenton, O.
Fracture of Neck of Femur.....R. E. Michener, M.D., Mulvane, Kan.
Ectopic Gestation.....H. H. Helbing, M.D., St. Louis, Mo.
What I Do Not Know About Surgery. H. H. Blankmeyer, Aransas Pass, Tex.
(Subject unannounced).....A. W. Hobby, M.D., Sidney, O.
Care of Patients After Surgery.....W. P. Best, M.D., Indianapolis, Ind.
Surgical Treatment of Influenza Sequelae
F. M. Andrus, M.D., Lincoln, Neb.
Colotomy—Operative Technique and Morbid Conditions Requiring the Operation.....B. R. Hubbard, M.D., Los Angeles, Cal.
Carcinoma of the Tranverse Colon....E. B. Shewman, M.D., Cincinnati, O.
Post-Operative Complications—Hemorrhage and Shock
C. M. Hazen, M.D., Titusville, Pa.
Fractures of Wrist and Ankle; Complications and Care
J. Earl Holman, M.D., Indianapolis, Ind.
Treatment of Fractures and Dislocations, With Relation to Suits for Malpractice.....J. L. Richardson, M.D., Ashland, Ky.

THURSDAY, JUNE 19—9:00 A. M.

Business Session.

Section on Mental and Nervous Diseases.

Chairman.....T. D. ADLERMAN, M.D., Brooklyn, N. Y.
Vice Chairman.....F. S. PECK, M.D., Oklahoma City, Okla.
Secretary.....S. M. SHERMAN, M.D., Columbus, O.

Chorea.....S. M. Sherman, M.D., Columbus, O.
Insanity of Puerperal State.....W. E. Postle, M.D., Columbus, O.
Care of the Insane.....H. S. Lowrance, M.D., Kankakee, Ill.
The Spine.....W. P. Best, M.D., Indianapolis, Ind.
The Treatment of Acute Neuritis....Finley Ellingwood, M.D., Chicago, Ill.
Sexual Neuroses.....T. D. Adlerman, M.D., Brooklyn, N. Y.
Chorea.....W. N. Mundy, M.D., Forest, O.
Passional Mania in Relation to Metaphysics
Stanley Tomassello, M.D., Greenwich, Conn.
Psychology of Sexual Life.....T. D. Adlerman, M.D., Brooklyn, N. Y.

THURSDAY, JUNE 19—2:00 P. M.

Business Session.

Section of Diseases of Children.

Chairman.....W. N. MUNDY, M..D, Forest, O.
Vice Chairman.....F. S. PECK, M.D., Oklahoma City, Okla.
Secretary.....B. K. JONES, M.D., Kenton, O.

The Hughes Bill; Influence on Child Life
Ivadell Rogers, M.D., Pryor, Okla.
The Child as a National Asset.....J. Baird, M.D., Coffeyville, Kan.
Unannounced.....Florence Stir Smith, M.D., Newark, O.
Colic That Isn't.....H. C. Smith, M.D., Glendale, Cal.
Some After-Effects of the Flu.....J. Paul Harvill, M.D., Nashville, Tenn.
Scurvy.....T. D. Hollingsworth, M.D., Akron, O.
Goiter and Puberty.....J. F. Wuist, M.D., Dayton, O.

Section of Eye, Ear, Nose and Throat.

Chairman.....J. P. Harbert, M.D., Bellefontaine, O.
Vice Chairman.....E. G. Trowbridge, M.D., Chicago, Ill.
Secretary.....C. M. Neldon, M.D., Coshocton, O.

Traumatism of the Cornea.....C. M. Neldon, M.D., Coshocton, O.
Iritis.....R. C. Heflebower, M.D., Cincinnati, O.
Uveitis.....C. S. Amidon, M.D., Cincinnati, O.
Punctate Keratitis.....J. P. Harbert, M.D., Bellefontaine, O.
Mastoiditis.....J. C. Solomon, M.D., Los Angeles, Cal.
Eye and Ear Sequelae of the Flu....L. C. Wottring, M.D., Cincinnati, O.
Glaucoma, as it Relates to the General Practitioner
J. F. Barbrick, M.D., Boston, Mass.
Sympathetic Ophthalmia.....J. C. Solomon, M.D., Los Angeles, Cal.
Ophthalmia Neonatorum.....J. P. Harbert, M.D., Bellefontaine, O.
Deflected Septum; Causes and Treatment
Thomas Slayden, M.D., Williamson, W. Va.
Acute Suppurative Otitis Media.....J. H. Powell, M.D., Atlanta, Ga.
Laryngitis.....C. S. Amidon, M.D., Cincinnati, O.

Friday, June 20—9:00 A. M.

Section on Diseases of Women and Gynecology.

Chairman.....T. D. Hollingsworth, M.D., Akron, O.
Vice Chairman..Nannie M. Glenn, M.D., State College, Pa.
Secretary.....W. E. Daniels, M.D., Madison, S.D.

City and County Obstetrical Practice..W. E. Daniels, M.D., Madison, S. D.
Operations That Could Be Avoided by Proper Obstetrical
Methods.....H. H. Helbing, M.D., St. Louis, Mo.
Management of Puerperal Eclampsia...J. W. Pruett, M.D., St. Louis, Mo.
Obstetrics in the Home vs. Hospital....S. M. Sherman, M.D., Columbus, O.
Medicating the Pregnant Woman....T. D. Hollingsworth, M.D., Akron, O.
Results in Obstetrics—Hospital Practice
Richard Lambert, M.D., St. Charles, Ill.
Puerperal Infections.....J. D. Hite, M.D., Nashville, Tenn.
A Talk on Intra-uterine Medication...Chas. Woodward, M.D., Chicago, Ill.
Radical Cure of Prolapsus Uteri....Fred M. Andrus, M.D., Lincoln, Neb.
(Subject unannounced).....F. L. Wilmeth, M.D., Lincoln, Neb.

Adjournment.

Eclectic Members of State Medical Boards.

Arizona .....*W. H. Sargent, Phoenix (Bennett '05).
Arkansas .....*R. M. Jernigan, Rector.
(Separate Bd.) ..E. L. Sullivan, Poughkeepsie (Ga. '09).
C. E. Laws, Secretary, Ft. Smith (Bennett '03).
L. Gardner, Atkins.
W. V. Dallenbaugh, Pine Bluff (E. M. C. '81).
Pearl H. Tatman, Eureka Springs (Amer. St. L. '99).
California .....H. V. Brown, 643 Euclid, Los Angeles (Cal. '02).
Connecticut .....John W. Fyfe, Saugatuck (N. Y. Ec. '87).
(Separate Bd.) ..E. A. Markham, Durham (N. Y. Ec. '77).
E. H. Marsh, Mansfield Centre (E. M. C. '81).
Jas. E. Hair, Bridgeport.
Dist. Columbia..*L. D. Walter, 1334 G Street, N. E., Washington, D. C.
Florida (Sep.) ...G. A. Munch, Secretary, 1806 Franklin St., Tampa (E. M. C. '91).
Georgia .....A. F. White, Flovilla (Ga. '92).
O. B. Walker, Bowman (Ga. '93).
A. F. Fleming, Waycross (Ga. '94).
Idaho .....J. J. Herrington, Moscow (E. M. C. '93).
Indiana .....M. S. Canfield, Frankfort (E. M. C. '73).
Iowa .....Geo. F. Severs, Centreville (E. M. C. '80).
Kansas .....A. S. Ross, Sabetha (Lincoln '96).
G. R. Dean, McPherson (Amer. St. L. '92).
Kentucky .....Geo. T. Fuller, Mayfield (E. M. C. '89).
Massachusetts ...A. L. Chase, Randolph (E. M. C. '72).
Michigan .....*Nelson McLaughlin, Lake Odessa (E. M. C. '07).
A. L. Robinson, Allegan (Bennett '02).
Missouri .....T. A. Son, Bonne Terre (Amer. St. L. '99).
Nebraska .....Samuel J. Stewart, Hastings, (Lincoln '02).
Nevada .....*S. L. Lee, Secretary, Carson City (Phys. Med. Cin. '70).
New Jersey .....D. P. Borden, Paterson (N. Y. Ecl. '72).
New York .....Earl H. King, Saratoga Springs (N. Y. Ecl. '98).
Ohio .....S. M. Sherman, Columbus (E. M. C. '75).
J. K. Scudder, Cincinnati (E. M. C. '88).
Oklahoma .....W. T. Ray, Gould (E. M. C. '92).
Oregon .....U. C. Coe, President, 1208 Stevens Bldg., Portland (E. M. C. '04).
Pennsylvania ....C. L. Johnstonbaugh, Bethlehem (E. M. C. '87).
Tennessee .....B. L. Simmons, 309 Jackson Bldg., Nashville (Ga. '90).
Texas .....M. A. Cooper, Childress (E. M. C. '06).
M. F. Bettencourt, Secretary Mart. (E. M. C. '06).
Utah .....C. L. Olsen, 932 S. 5th St., East, Salt Lake City (E. M. C. '98).
Vermont .....P. L. Templeton, Montpelier (U. S. N. Y. Ecl. '82).
A. E. Parlin, Island Pond.
Wisconsin .....*F. C. Haney, Watertown (Bennett '07).
R. C. Rodecker, Holcomb (Bennett '98).

Please report any changes, errors or additions promptly to J. K. Scudder, National Chairman, Committee on Medical Legislation, 630 West Sixth St., Cincinnati, Ohio.

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* Not members of the National Eclectic Medical Association.

NEW MEMBERS.

Applications for new membership were received as follows from December 1, 1918, to June 1, 1919:

Nebraska—Bartholomew, M. S., Marion; Gordon, F. E., Lincoln; Sang, George, Lincoln; Sherfey, C. W., Lincoln; Stretton, Harry, Chester.

Kentucky—Flint, B., Wingo; Kehm, C. J., Newport; Messer, J. B. Freestone; Miller, J. W., Warnock; Sauter, G. F., Newport; Sauter, M. J., Newport.

New York—Rosa, J., Buffalo; Fuchs, F. L., New York; Jaslow, L., New York.

Missouri—Hird, T. E., Kansas City.

READING NOTICES.

Results of Ninety-one Years of Research.—For ninety-one years Dr. William S. Merrell, of Cincinnati, his son, his grandsons and their scientific staff have carried on researches in the therapeutics of the botanic materia medica. The green drug fluid extracts, the normal tinctures and the specialties exhibited by the William S. Merrell Co. at the annual meeting of the National Eclectic Medical Association in Chicago are the outcome of these researches. The members will find there not only the preparations which have been the standby of three generations, but a number of the newer additions to materia medica whose value has been proved by experience. Among these are Ectisia, Fluid Hydrastis, Genitone, and the Proteoens, the new line of non-specific vegetable proteins, which have proved of the greatest value in such obstinate diseases as cancer, gonorrhea, syphilis, arthritis, etc. A full line of pills, tablets and pharmaceutical preparations are also shown, making a very complete, interesting and instructive exhibit.

A Big Stride in Plant Therapy.—The progressive and broad-minded physician who has watched the dawning of the new era when plant therapy would come into its own, must feel greatly cheered and comforted by the rapidly growing success of Proteogens, non-specific plant proteins for intramuscular administration, now in general use in all parts of the country. It is remarkable how a radical theory, such as that of Dr. Horovitz was admitted to be, could so completely and promptly win the favor and acceptance of the ultra-ethical and the "conscientious objectors" who usually antagonize such innovations. There seems to be but one rational explanation, involving two essential factors—the broad, open-mindedness of the medical fraternity and a convincing proof that the theory was correct. Clinical experinece has established the proof of merit in Proteogens and the profession has accepted it, which in the final reckoning has caused the advocates of plant therapy to cheerfully realize that a real victory has been won.

Cod Liver Oil in Debility of the Nervous System.—In debility of the nervous system permitting loose play in the system's functioning, there is pointed indication for an agent of a general nutritional character.

For such a purpose Cord. Ext. Ol. Morrhuae Comp. (Hagee) has shown itself to be of much value. Not only does it tone up the nervous sytsem through offering nourishment to the entire economy, but more narrowly it serves as a direct food agent to nervous tissue itself. This general and specific nutritional value of Cord. Ext. Ol. Morrhuae Comp. (Hagee) gives it a high place as an indicated agent in let-down states of the nervous system. Thus, in the extreme nervousness following a protracted illness, Cord. Ext. Ol. Morrhuae Comp. (Hagee) may be used with the best assurance of success, the debility of the nervous centers being overcome by the high food value of this palatable cod liver oil preparation.

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Stacks Vol 10-2

The National Eclectic Medical Association Quarterly

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W. N. Mundy, M.D., Editor, Forest, Ohio.

National Quarterly

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THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY

Edited by WILLIAM NELSON MUNDY, M.D.,

Forest, Hardin County, Ohio

A journal of Eclectic medicine and surgery, comprising the proceedings, papers and discussions of the Association and published in the interest of the Eclectic system of medicine. Published by the Association, 840 West Sixth Street, Cincinnati, Ohio.

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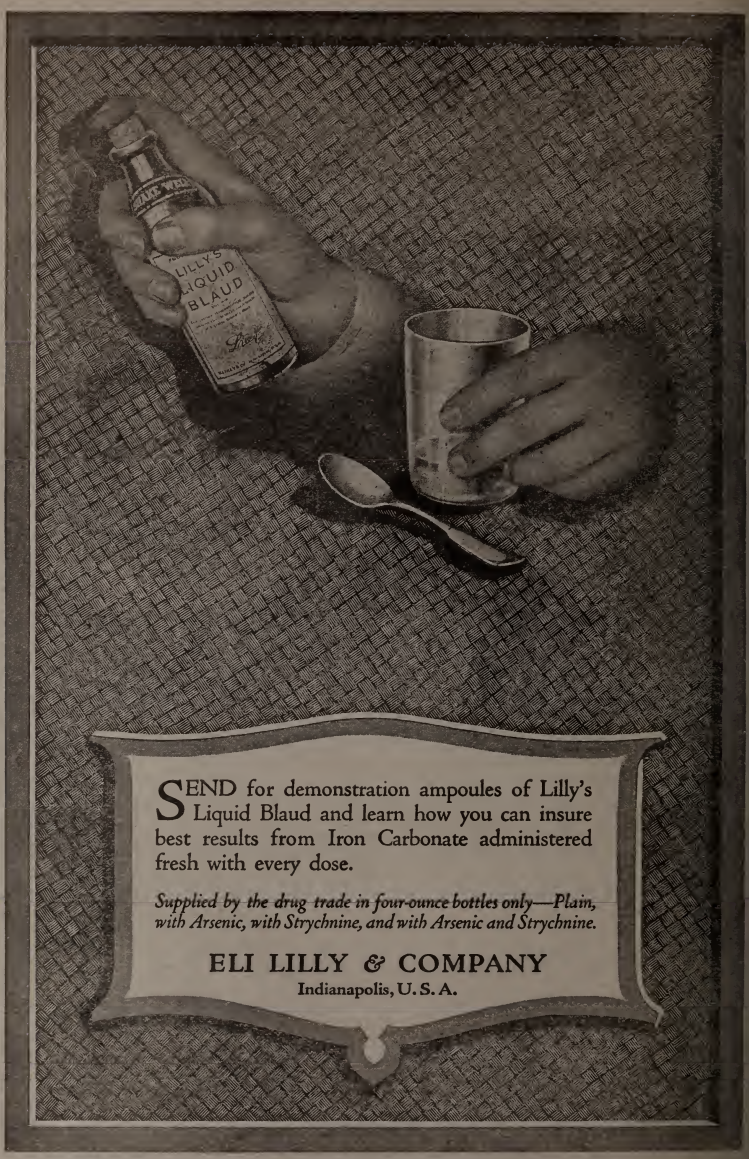

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Forest, Hardin County, Ohio

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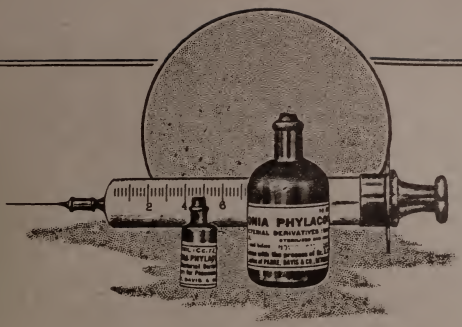

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Forest, Hardin County, Ohio

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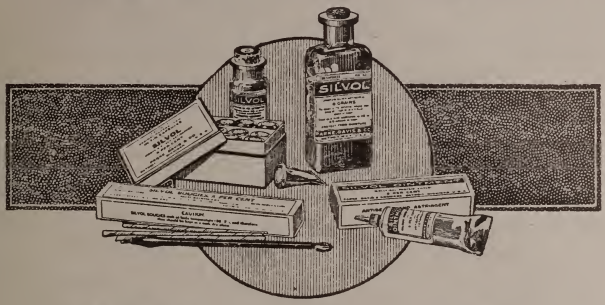

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